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ART. I.—*On the Use of the Trephine in Injuries of the Head.* By Dr. THOMAS LIPSCOMB, of Shelbyville, Tenn.

I propose, in the present paper, submitting a few reflections on the treatment of injuries of the head, and especially in reference to the use of the trephine, the time at which it should be resorted to, and the peculiar circumstances demanding its use. I may find it necessary briefly to refer to a few cases for the purpose of more clearly illustrating my views, and justifying the practice recommended.

At a very early period of my professional career I was induced by observation and reflection to call in question the soundness of the current doctrine in reference to the use of the trephine, the period at which it was proper, and when it was not allowable to use it, as also the par-

ticular circumstances demanding its application. I could not believe that a class of injuries possessing so much interest had been too lightly passed over. I was already aware that the views of medical or surgical writers did not always harmonize, but, on the contrary, opinions are held and doctrines taught on other subjects directly opposite, and that by authors of equal respectability.

But notwithstanding this general diversity of opinion, respecting the use of the trephine there was an extraordinary unanimity among authors. In this country, the unrivalled Physic had laid down principles of practice in which all his brethren appeared to concur. I believe the same was the case among the most distinguished surgeons in Europe. Samuel Cooper, Abernethy, Sir Charles Bell and Sir Astley Cooper were all agreed. Highly as I appreciate the character of these great lights of surgery, and much as I may admire their splendid achievements, yet I apprehend we may err in receiving too implicitly what they teach, and that we may possibly venerate them so much as to prevent inquiry into the correctness of their opinions or the soundness of their practice. This would be a fatal mistake, and yet it is one too often committed. We should not forget that the march of science is progressive, and that truth can only be attained by searching investigations. No authority is too high to be subjected to the most scrutinizing examination. Having a just appreciation of the value of human life and a proper sense of the responsibilities that attend us at every step, we cannot rest satisfied with the ipse dixit of any man. The opinions of our distinguished predecessors are entitled to great weight, and should ever be most respectfully deferred to; but not received as conclusive. On the contrary, we should weigh their opinions, carefully compare them with facts, reason, reflect, and then determine for ourselves.

What is the doctrine above referred to, which, until

very recently, has been taught in Europe and in the United States for the last half century, or longer, in reference to the use of the trephine? I understand it to be this:—That we are not authorized to trepan, no matter what the character or extent of the cranial fracture, unless coma, stertorous breathing, &c., in short, unless those symptoms that result from compression of the brain, exist.—Indeed, should these symptoms be present we must endeavor to relieve them by drawing blood from the arm, emptying the bowels, applying cold to the head, keeping it elevated, &c. Should these means fail to mitigate the symptoms, we may resort to the trephine. For the correctness of this representation I refer to Dorsey's Surgery, Gibson's Surgery, Cooper's First Lines, Abernethy's works, &c.

I am fully aware that, previously to the period alluded to, there was too great a fondness for the use of the trephine; that, as has been observed by another, there was a time when he who could boast of having made the most perforations through the cranium was considered the best and most dexterous surgeon. Happily for the interests of science and the well-being of this class of patients, this season of error has passed away. But in avoiding one extreme we have run into the other; in shunning the errors of a former age, we have fallen into a practice by no means free from serious objections.

We should never lose sight of the force of the old axiom, that precaution is better than cure; then why wait, when meeting with an extensive fracture, with the bone shattered and depressed, and always more extensively fractured internally than externally?—I say, why should we wait for the occurrence of inflammation in the brain and its membranes, before attempting a removal of the cause from which it so frequently results: namely, the rough edges and sharp spicula of the fractured and depressed bone, against which the meninges of the brain

are continually playing? Professor Gibson remarks, that should inflammation terminate in suppuration, in spite of bloodletting, leeching, purging, and even a large blister to the scalp, and give rise to symptoms of compressed brain, the trephine should be resorted to; but that the patient's chance of recovery is then very limited. Knowing, then, that it is infinitely easier to prevent inflammation than to subdue it, and that every spiculum of bone against which the membranes of the brain are forced produces a point to which an increased flow of fluids will be induced, the true practice would seem to be to remove the sources of irritation; for though at first it may be only a point or two, how soon the whole of the dura mater and other membranes, and even the brain itself, may be involved, none can tell. It is well known that inflammation passes readily to contiguous parts, and that once set up in the brain or its membranes, it is of a most formidably character.

It is admitted that, even in extensive fractures with considerable depression, we may by an active antiphlogistic course, succeed, for a time, in keeping down inflammation; but sooner or later this may be expected to ensue. A few cases will illustrate my views on this subject.

Case 1. T., aged about nine years, was thrown from a horse with his head against the end of a fence-rail, fracturing the superior portion of the right parietal bone extensively, but producing only a slight wound of the scalp. My friend, Dr. Barksdale, was called to see him, and finding only slight coma existing, he drew blood from the arm, gave him a saline cathartic, directed his head to be kept elevated and constantly cool, and the saline purgatives to be repeated *pro re nata*, and antimonials to be used as the degree of excitement might require—in short, treating the case efficiently and judiciously, according to the highest authorities. By the diligent use of these means, febrile excitement was kept down for a week; but

in a day or two more, pains in the head ensued; then partial paralysis, and finally a convulsion. At this period, seeing that nothing less than an operation would avail, Dr. B. invited me to accompany him, and assist him in trepanning. Upon dividing the scalp, the fracture was found far more extensive than had been supposed, and the membranes of the brain beneath were highly inflamed. Upon elevating the depressed bone there was very considerable hemorrhage for a short time, and, in consequence of the exhausted condition of the patient from the effect of the active antiphlogistic course that had been pursued, he succumbed from the loss of an amount of blood which might have been harmless previous to his being subjected to these therapeutic measures, and died in a few hours.

Case 2. In July, 1834, when I had enjoyed but little experience in the treatment of cases of surgery, I was called, in company with Dr. P. Frazer, to see a man who, in an affray, when intoxicated, had been stricken on the left side of the head with a rifle, by which blow he was knocked down and partially stunned. The blow produced a considerable flesh wound, and an extensive fracture of the anterior portion of the left parietal bone, with considerable depression. On our arrival we found he had recovered from the concussion, and was a little comatose, or heavy; but he answered questions intelligibly, and, notwithstanding the appearance of the wound seemed to require an operation, the constitutional symptoms did not appear to justify it; so, after advising a cathartic, low diet, and keeping his head cool, and insisting on being informed of any considerable change, we left him. Our course, however, was not satisfactory to his friends, who sent for another physician, and, at his request, we were again called in. On our arrival, we found him about as we had left him, still rational and capable of conversing intelligibly. Our medical friend decided that an op-

tion was necessary, but as the weight of authority was opposed to the trephine under the circumstances, after consulting together for a time, we agreed, by way of compromise, to divide the scalp down to the bone, and then make a second incision across the first, and dissect up the scalp so as to expose the fracture fully. If it should appear that trepanning would certainly, in the end, become necessary, then we would go on and complete the operation. This course met with the approbation of the friends. Upon exposing the bone, the fracture was found to be a very extensive one, comminuted in character, and the inner table depressed to such an extent that it appeared inexplicable how the intellectual functions were in any degree preserved. It then appeared, and so I now believe, that every hour's delay was an injudicious postponement of what was inevitable in the end. Entertaining this view, the trephine was used, the bone elevated, and our patient recovered without an unpleasant symptom. This case made a powerful impression on my mind.

Case 3. About a year and a half after the occurrence of the last case, I was called to I. F. S., a youth of eleven or twelve years of age, who had just received a kick from a horse, newly shod. The superior portion of the left parietal bone received the blow, and from the very small wound in the scalp, I suppose that only one heel of the shoe touched the head. The boy was knocked down and suffered momentary insensibility, from which he had entirely recovered before I saw him. There was no stupor, nor coma, nor mental derangement, and, as just observed, a very small wound in the scalp, which did not extend into the cranium. But there was a considerable depression of bone, and as I supposed the fracture might ultimately require an operation, and the distance was short, I requested a consultation with Dr. Barksdale, who, after examining the case, coincided with me in opinion.—We proposed to Mr. S., the father of the boy, to divide

the scalp through the wound, and, by another incision across the first one, prepare to detach the scalp sufficiently to see the extent and peculiar character of the fracture. He reluctantly consented to this course, which was immediately adopted, when we found a fine specimen of stellated fracture, and the centre of the fracture depressed so much that it was evident there must be a rough point against which the brain and membranes would be continually forced. In addition to this, the bone was shattered so much that there was not a remote probability that a reunion of the broken portions could take place; and scarcely a doubt that the trephine would be required in a few days. Thus, feeling assured that there was almost a certainty as to the inevitable necessity of the trephine, and that even if, contrary to our settled convictions, it should not be required, months of anxiety would be endured until the tedious process of exfoliation was completed, we did not hesitate to trepan, and remove the shattered bone, as well as elevate the depressed portion which was not so completely broken up. He bore the operation well, and had a most happy recovery.

I might advert to a number of other cases bearing on the point in question, but perhaps the time might not be profitably spent, and so I forbear.

From the foregoing facts, I infer that if the subject of the first case had been operated upon at an earlier period, and before the vital energies were so completely exhausted, his chance of recovery would have been greatly enhanced. I infer, also, that, although the case was treated in accordance with the standard authorities on the subject, it would have been a better practice to have divided the scalp by the crucial or tripod incision, at the first visit, and thereby have fully exposed the fracture, when it would have been seen that the trephine was absolutely necessary.

In reference to Cases 2 and 3, I infer, that had no en-

largement of the wound been made, and no detaching of the scalp, but an effort by a rigid antiphlogistic course to keep down inflammation in the brain and membranes, the success would only have been partial, and meningitis, as well as cerebral inflammation, would have been set up, and an ultimate resort to the trephine rendered necessary; and that at a period and under circumstances which would have made recovery very doubtful.

In the third place, I infer, that the evils of trepanning have been overrated by our standard authors.

I also infer that, notwithstanding we may frequently ward off, for a time, coma, convulsions, &c., as consequences of depressed bone, by the use of active depletory means, we leave the patient in a condition more liable to those affections than he would be either to them or any other evil effects from the use of the trephine.

I infer that this is pre-eminently the case with young subjects, with whom, if the bone is considerably depressed, and left in that condition, the natural growth of the head increases that depression, and the evils likely to arise from it, to wit: epilepsy, convulsions, &c. In support of this inference I need only direct attention to the great number of cases that have occurred to, and been relieved by, surgeons of extensive practice. Prof. Gibson was in the habit, a few years ago, of detailing a case of this kind to his class. A man became subject to epilepsy from an injury received in childhood, and of which disease he was cured by trepanning eighteen years after the receipt of the injury.

And the general inference which I deduce from the whole is, that we should, in all cases of fracture with evident depression of bone, incise and detach the scalp sufficiently to examine the fracture as to its extent and peculiarities; and if we find it such an one, as is almost certain to require an operation ultimately, then proceed at once and complete it, whether coma or stertorous breath-

ing exist or not. To this position my observations and reflections have led me; and this course I confidently recommend to the profession as the one most compatible with the safety of this class of patients. I do so with due deference to those illustrious authorities in Europe and America by whom a different course is recommended.

After determining to present my views to the profession on this subject, I found, upon examining the Elements of Surgery, by Robert Liston, fourth American edition, with notes by Professor Gross, (page 234,) that a resort to the trephine is recommended by that distinguished surgeon for certain descriptions of fracture before inflammatory symptoms have set in; and that under certain circumstances he considers it right to divide the integuments for the purpose of fully exposing the fracture.—And I infer from the absence of any remarks by the American editor that he entertains similar views. This being the case, I think the interests of humanity would have been promoted by a recommendation, more direct, under the sanction of his influential name.

Shelbyville, Tenn., Oct. 20, 1849.

Art. II.—*A Case of Facial Palsy consequent upon Otitis.* By W. H. Cobb, M. D., of the Louisville, Marine Hospital.

Thomas Allen, 31 years of age, a native of Ireland, entered the Louisville Marine Hospital, laboring under symptoms of irritability of the bladder. The patient is a man of small stature, weak and feeble frame, and at present in very bad health, though he says that until the last four or five months he has "scarcely known a day of sickness." In addition to his vesical complaint, he stated that he was troubled with a discharge of matter from his left ear, but as it was unattended with pain or suffering, no particular attention was paid to his account.

The discharge from the ear commenced about five months ago, and he attributed the attack to his having been exposed, while asleep upon the deck of a steamboat, to the damp atmosphere of one of our spring nights. Complete loss of hearing followed.

Under the treatment adopted the vesical irritability was almost entirely removed, and his general condition materially improved.

Oct. 7th. The affected ear was attacked with acute inflammation, owing most probably to exposure during the scrubbing of the ward. The usual antiphlogistic remedies were employed, and some relief to the pain, which was of the most agonizing character, was afforded. This treatment was continued for about a week with some amelioration of the suffering.

Oct. 14th. While passing through the ward, the patient called my attention to the fact of four or five small bones, or pieces of bone, as he expressed himself, having passed from his ear, and stated that he had saved one of them for me to see. This bone I found upon examination to be the malleus, and I concluded from his description of them, that the others were the remaining bones of the tympanum. The pain, as before mentioned, was of the most excruciating character, shooting through from one temple to the other. Upon closing his mouth and nostrils and blowing, air readily passed through the external ear.

Oct. 20th. The patient noticed for the first time, that the whole of the left side of the face began to swell and be painful to the touch, and soon afterwards he perceived that he had entirely lost the control of the facial muscles. He was first made aware of the paralysis while eating his supper, when he discovered that he was unable to drink his tea as it immediately ran out of the left angle of the mouth, notwithstanding his utmost endeavors to the coutrary. The appearance he presented

when I first saw him, was at once ludicrous and distressing; the expression of the left side of the face was entirely gone, his mouth and the tip of his nose awry, and the eyelids wide open and incapable of closure. Upon endeavoring to contract his forehead, the right side only was wrinkled, while the left was perfectly smooth and in repose. The eye, as before mentioned, was bare and suffused with tears, which ran down over the cheek, giving rise to painful excoriations. He presented while asleep the curious phenomenon of a person sleeping with "one eye open." The eye itself was perfectly healthy with the exception of a slight degree of vascularity consequent upon its continued exposure to the rays of light and the floating particles of dust. When told to snuff in air, the left side of the nose, in consequence of the paralysis of the muscles, collapsed, and no air entered. If he attempted to blow forcibly the left cheek was distended and the air passed out of the right side of the mouth, in spite of his efforts at closure.

Combined with the palsy was an incomplete degree of anesthesia. When I pinched his cheek, he declared that he knew that something was in contact with it, but that it gave him no pain; when I laid my finger upon the affected side of the tongue he had no perception of its presence, but when any attempt was made to touch the cornea, the sudden movement of the eyeball indicated that sensation was perfect in that organ. The temporal and masseter muscles, which are supplied with motion by the motor branch of the fifth pair, were unaffected.

In reviewing the symptoms of this case, it will be seen that he had entirely lost his hearing at a period prior to his entrance into the hospital; this was probably owing to the destruction, by ulceration, of the tympanum, or some other equally important structure. The inflammation, kindled during his stay at the hospital, undoubtedly affected the bony structures of the petrous pyramid, and

caries of the canal, through which the portio dura is conducted in its passage to the face, ensued. What was the cause of the paralysis? It was most probably owing, I conceive, to one of two causes. 1st. Ulceration may have attacked the substance of the nerve and caused a complete severance of its fibrillæ: Or, 2nd, a portion of carious bone, or an abscess, by its pressure upon the nervous filaments, may have cut off the communication existing between the brain and the facial muscles

I shall not attempt to offer any explanation of the anesthesia, but will merely say that no symptoms of cerebral disease were present. The treatment of the paralysis consisted in the application of leeches in front and behind the ear, and revulsion by means of a series of blisters over the pes anserinus.

At the time of making this report (Nov. 10th) the patient has regained but a very slight degree of the natural motion and sensation of the affected muscles.

We are indebted to the kindness of Professor Benjamin Silliman, Jr., for the following translation, on a subject of much interest to all well informed physicians.

Art. III.—*Natural History of Cinchona, (Peruvian Bark.)* By Dr. Maddell. Translated from the Journal de Pharmacie et Chemie, for Sept. 1849.

In 1843, M. Castlenau had charge of a scientific expedition into the interior provinces of Peru and Brazil. Dr. Weddell was appointed by the Museum of Paris to accompany him, charged with the special study of many important botanical questions, and of other branches of natural history. After two years of exploration in common, Dr. Weddell separated from M. Castelnau upon the confines of Mattogropo, in order to pursue his re-

searches in a different direction, continuing them until 1848. The history of Cinchona, so controverted and so obscure, particularly fixed his attention, and the results of his laborious researches are found in the work whose title is prefixed. This beautiful work (a magnificent folio volume with numerous engravings) appears so important, in a pharmaceutical point of view, that we do not wait for its completion, to notice it. Dr. W. having kindly put the first sheets of his work in our hands we cannot but make some extracts in detail, which call forth the most lively interest in the young savan whose zeal, intelligence, and courage have accomplished so much.

Since Condamine, who was the first to make the cinchona tree known in Europe, even to the illustrious travelers Humbolt and Bonpland, to whom we owe the first observations upon the geography of this race of plants—a crowd of savans of every country have made it the object of their researches, and the list only of the publish ed works upon this matter would fill many pages.

The origin of the cinchona bark was, for a long time, a mystery. Condamine first raised the corner of the veil, but it was not removed for a long time. Joseph de Jussieu accompanied in 1735, as botanist, the expedition sent by the Academy of Sciences to measure a degree of meridian under the Equator. He visited nearly at the same time, as the celebrated astronomer, the forests of Cinchona in Loxa, those of upper Peru, and penetrated almost even to the frontiers of Brazil. A succession of unhappy accidents hindered the publication of the results of his researches. He returned to Europe only in 1771, deprived of his reason, after an absence of 36 years.

Thirty years later, two expeditions were engaged to explore the region of cinchonas in Lower Peru and New-Grenada; one directed by the celebrated Mutis, the other by Ruiz and Pavon. The immense investigations of thos

naturalists did not advance the history of this plant as much as they had a right to expect.

Since the observations of M. M. Humbolt and Bonpland, who subsequently surveyed the same districts, the region where the cinchona thrives, has been greatly extended by the discovery of new districts, and commerce has been enriched by a great number of species which were before unknown.

Up to the year 1775 nothing was known concerning the market of other species of cinchona than those of Loxa. It was not until 1772 that Mutis observed, for the first time, this invaluable tree in the neighborhood of Santa-Fé de Bogota—the epoch at which also Europe commenced to receive cinchona bark which had not doubled Cape Horn—but which had been embarked directly from the Atlantic ports of New Grenada. Some years later the authors of the "*Flore Péruvienne*," studied the species of Lower Peru, and of Northern Lima, and again commerce was enriched by their researches. The only species which then remained unknown in Europe, botanically speaking, were those inhabiting the vast extent of country which stretches away from the back of the grand Cordilleras to the south of these latitudes. In spite of the efforts of Joseph de Jussieu and of the botanist Thaddeus Haenke, the science of the cinchona had not preserved a single result of their voyage.—The work of M. Weddell has for its object to make known the species which he has observed in those regions during the years 1845, 1846, and 1847. The immense ravages of commercial enterprize upon the cinchonas in those parts, to the almost destruction of the ancient forests, rendered a new research on this subject quite necessary. At one period, when the consumption of these barks was increasing, it was useful to call attention to such species as at a future day might replace the *cinchona calisaya*, the exhaustion of which became more

and more probable. These species, although they may be less rich in the active principle, offer still by their abundance, some security against the possibility of our being deprived of one of the most precious products of the vegetable materia medica.

M. Weddell entered Bolivia in the month of August, 1845, by the country of the "Chiquitos" Indians. The character of the soil of this province is altogether incompatible with the existence of the true cinchonas. A great part of its surface is low and level, and during the wet season is inundated. In the month of November he traveled south, reached the Rio Grande, traversed the province of the Cordillera as far as Farija, where he arrived in January, 1846. This laborious journey had for its object, to determine, with precision, the southern limit of the cinchona region. Dr. Weddell gave the name of *cinchona australis* to the species which he discovered—like an advanced sentinel—at that extreme point, near the nineteenth parallel of southern latitude. In the month of August following, he visited some of the large cities of Bolivia. At Coquimbo ("Cochamba,") began a curious phase of his journey. He traversed near the great chain of the Andes, with the design of visiting Paz, where the great trade in cinchona bark is driven. The Andes present at this point, a long and beautiful series of natural terraces, upon which the traveler gradually descends, passing successively in review every variety of climate, and all the shades of vegetation which correspond with them. The different species of cinchona were multiplied under his eyes. Almost from the commencement of his entrance into the province of Euquisies, he took occasion to study the plant which produced the cinchona calisaya, the most valuable of all the barks, by reason of the great proportion of quinine which it contains. He gave to this plant, hitherto unknown to botanists, the name of *Cinchona calisaya*. At Palca he was apprised

that he would discover, upon the banks of the Rio Ayopaya, an immense forest of cinchonas, which had as yet been unapproached by any explorer. In the province of Yungas, the most rich and fertile in Bolivia, he procured the most precise information regarding the mode of procuring, of preparation, the sale and adulteration of the barks which he desired to study.

In 1847, before the rainy season, M. Weddell retraced the pass of the grand Cordiliera. The city of Sorata or Esquibel, situated upon the western slope of the Andes, at the base of one of its highest peaks, is reputed as one of the chief sources of the Bolivian cinchonas, but it is in reality only a point of transit for the products of the valleys of the interior. It was towards these that he turned his steps in passing over the snows of Illangha. The Rio Tipoani, the Pactole of Bolivia, there takes its source. One of the most frightful roads in the world, leads along the ravine of the same name, and conducts the traveler to the city of Tipoani, a pestilential place, which the thirst for gain alone has rendered habitable.—As valuable as gold itself, the cinchonas are found throughout this whole region, but already the large trees begin to disappear. For the purpose of studying the points yet untrodden, M. Weddell embarked upon a raft which he had constructed, and by means of which he happily descended the rapids of the Rio Tipoani; he afterwards visited also the mountains of the Rio Tumache.

This exploration finished, he ascended with his raft the Rio Mapiri, and rejoined the paths which thread the forest toward Aten and Apolobamba, where he arrived worn out with fatigue and overcome with fever, of which he had taken the germ upon the coasts of Tipoani. There the country takes on a more pleasing aspect. The forests have disappeared, or occupy only the horizon—the eye beholds, in every direction, beautiful grass-covered hills, clumps of shrubbery, and, succeeding these, charm-

ing groves. He there discovered several species of cinchonas which exceed but little the height of shrubs, and the flowers of which load the atmosphere with their delicious perfume.

The city of Apolobamba is the centre of one of the oldest explored parts of Bolivia, and for a long time its forests have been stripped of cinchonas.

At the close of 1847, M. Weddell visited the province of Coraboya, one of the most interesting in Peru. It is divided by the Cordillera into two regions. One of these embraces a long series of valleys, which furnish to this day the greater part of the cinchona exported from the Peruvian republic. It would be difficult to give an idea of all the treasures of vegetation which are envaled in these solitudes. The thirst for gold has peopled these recesses many times, but the forest has resumed its empire, and the axe of the woodcutter alone now disturbs their silence.

Here we quote from this learned traveler, as follows: "The name of *cascarilleros* is given," says M. Weddell, "to the men who cut the cinchona in the forest and to all those who engage in this branch of trade. The woodsmen, raised to this laborious calling from infancy, and accustomed by instinct to guide themselves in the midst of dense forests, with no other compass than the tact of the child of nature, travel as surely in these inextricable labyrinths as if the horizon were open before them.

The only season improper for the collection of cinchona is that of the annual rains—which is hardly equal to our winter in length. If some pretend that the time of the ascent of sap is the most favorable for attacking the tree, their precepts are disregarded in practice, and the exception of the rainy season is made only because of the physical obstacles which accompany it. The cutters do not in general seek the cinchona on their own account—they are more commonly engaged in the employment of

some merchant, or of a small company. One responsible man is sent with them to the forest, with the title of major-domo. He is charged with receiving and examining the bark which is collected from various parts of the forest, and is morover employed in the care and distribution of the provisions. The first care of those who contemplate an enterprise of this nature in regions before unexplored, is to employ experienced woodsmen, called *diestros*, or *praticos*. The duty of these is to penetrate in diverse directions into the forest, until they come to a place profitable to be worked. They ought also to state the presence and quantity of cinchona, as well as the direction in which the trees are, and to bring specimens which will enable the quality of the bark to be judged of. This raconnoisance is the most delicate part of the operation, and demands of the men employed in it a well proved patience and sagacity. It is upon their report that the chances of success are calculated. If these are favorable, it is necessary to open a path to the point which may serve as the center of operations; from that moment all that part of the forest which is contiguous to the new road, becomes provisionally the property of him who cuts the path, and no other cascarillero can work there.

The major-domo has hardly arrived with his cutters in the neighborhood of the point of labor, when he chooses a site favorable for the location of the camp—as near as possible to some spring or river. There he constructs a shed, or light house, to protect the provisions and the products of the cutting; and if he forsees that he will be obliged to remain for a long time in one place, he does not hesitate to plant maize and beans. Experience has indeed shown that one of the grand elements of success in labors of this kind is an abundance of provisions. The cascarilleros, meanwhile, scatter themselves, one by one, in the forest, or by small bands, each carrying in his poncho, and swung over his back, provisions for many days,

and the covering which is to form his bed. Thus it is that these poor people have need to put in practice all the courage and patience of which their calling is so fruitful. Obliged constantly to keep in hand their axe or knife, to remove the numberless obstacles which arrest their progress, the cascarillero is exposed by the nature of the ground, to an infinity of accidents, which may often involve his very existence.

The quinquinas rarely exist alone, a single tree in a place, but they form groups more or less thick, dispersed here and there in the midst of the forest. The Peruvians gave them the name of manchas, or "spots." At other times they live completely isolated. When this is the fact the cascarillero displays all his skill to discover them. If the position is favorable, it is upon the top of the trees that he fixes his eyes. Even with much slighter indication he recognizes the object which he seeks. A slight play of colors, peculiar to the leaves of certain species, a particular color of these organs—the appearance produced by a great mass of flowers, enable him to recognize the top of a cinchona tree at a very great distance. In other circumstances, he confines himself to the inspection of the trunks, the external appearance of the bark often being remarkable. Frequently, the dry leaves, even, which he recognizes while looking on the ground, suffice to indicate to him the near approach to the object of his search.

It is interesting to watch the Indian, through the openings in the forest, darting in and out of sight, and then seeming to scent the ground, he steps like an animal pursuing its prey, throwing himself suddenly upon the form he sought for, he stops at the trunk of the tree whose presence he as it were divined. Sometimes, however, the researches of the cascarillero are not so favorable in their results. Often they return to the camp empty handed, and their provisions exhausted, having sometimes discov-

ered, upon the flank of the mountain, indications of the tree, from which they are separated by a torrent or an abyss.

To strip the tree of its bark, they make an incision with the hatchet a little above its root, taking care to lose nothing by denuding it, except at this point, where the bark is thickest. They have a habit of digging the earth about its circumference, that the decortication may be made complete.

It is rare, even when the trunk is cut through, for the tree to fall immediately, being sustained by the wild vines which interlace it, and by the neighboring trees; obstacles which it is the duty of the cascarillero to overcome. I remember once to have cut through a large trunk of the cinchona, in hopes of obtaining the flowers, and after having cut down three neighboring trees, to have seen it upright, maintained in its position by the vines which were attached to its top, and which sustained it in the manner of the shrouds of a vessel. When, at last, the tree is down, and the branches which could prevent its fall, have been cut, the outer bark is made to cleave by being rubbed, or better, by being struck with a small wooden mallet, or the back of the axe, and the live part of the bark being exposed is cleared by the brush being then divided through its entire thickness by incisions at uniform distances. It is then separated from the trunk by means of a knife or some similar instrument—the strips being removed entire if the position of the trunk is favorable. The size and regularity of the strips necessarily depend more or less upon these circumstances, yet, in general, for the conve nience of transportation and ease of prepartion, they seek to give them the length of four or five decimeters, and a width of eight or ten centimeters. The bark of the branches is separated from that of the trunk, with the exception of that which is not rubbed, custom requiring that the exterior surface or epidermis should be pre-

served. Sometimes in commerce, though rarely, all bark deprived of its epidermis is rejected, not that they suppose that any particular virtue is contained in it, but it furnishes distinctive characters, easily known, and at the same time difficult to counterfeit. The cascarilleros find great care necessary to preserve this upon certain species which easily decay. They have in many places the custom of cutting the tree three or four days before decorticizing, that desiccation may commence, and the different layers of bark shall adhere more closely.

The details of drying vary a little, the bark from the branches and small stems, designed to make the cinchona which is rolled "*én canuto*," or in scrolls, is exposed to the sun, and thus acquires the desired cylindrical form.—But that which comes from the larger trunks, and which forms the flat cinchona, and which they call *tabla* or *planca*, must be submitted, while drying, to a certain pressure to avoid its being warped and twisted. For this purpose, after a short exposure to the sun, they pile one slab on another, in square stacks, alternating, as boards are sometimes arranged in lumber yards, to keep them flat; and when thus arranged, they load them with some heavy body. The next day the bark is again exposed to the sun, and again pressed; and thus the process is repeated until the material is dried. Such is the usual mode of preserving Peruvian Bark, subject to such modifications as may arise from the peculiar habits of particular districts.

Sometimes, either by design, (to increase its weight) or accidentally, the bark is imperfectly dried. This is always a source of deterioration. After all this tedious labor, it still remains for the cutter to bring his spoils to the camp, which difficult task he accomplishes by transporting it on his shoulders.

It is hard to conceive the toil which he thus endures—from five to twenty days being frequently required in this task. And when we remember the trifling sum which is

paid for such painful labor, it is hard to conceive that men can be found who are willing to undertake it.*

The major-domo attends to the packing of the bark.—He makes the cutters submit to a re-measurement and assortment of their lots, which, if they have a convenient place, are dried anew—the bad pieces rejected and their weight much reduced. They are then packed in a woolen sack, brought for this purpose, and these bales are then transported either on the backs of men or of animals, to the depots in the cities, where, in general, an exterior envelope of skin is put on the bundles, which in drying, acquire thus a great degree of firmness. In this form they are known under the name of surons, and in this state they arrive in Europe. Their ordinary weight is from seventy to eighty kilogrammes, (one hundred and forty to one hundred and sixty pounds) but they are often seen much lighter.

After these details, it is easy to see how incorrect have been the ordinary notions, formed by most persons, about the mode of procuring the cinchona. Some supposed that it was subjected to a special surveillance. Others have imagined that the trees were cultivated in closed parks or plantations, and treated like the cork trees of France. It behooves us well to consider the present mode of procuring this precious product, for we are at the mercy of the semi-barbarians, who now practice a method which must soon destroy, or render extremely

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* In general, before the product reaches the coast it has changed hands three or four times, and at each change its price is advanced.—Therefore the price asked for the cinchona in Europe, bears no proportion to its cost in its native forests. At Pelechuco, for example, a kilogramme (rather over two pounds) of the first quality costs only one franc and a half, (say twenty-eight cents) and for the same quantity the Paris manufacturers pay twenty francs (nearly four dollars). In other places I have seen paid for ordinary cinchona only six, and even four piastres the quintal.

rare, the whole race of trees which produce the Peruvian Bark.* The restoration of the trees, either by suckers or second growth from the stump which has been felled, or by seeds, is almost impossible. It is true that some check might be put on the destruction of the seeds, by a suitable guard of inspectors, but an inspector of forests in France, and a forester in America, where the forests may extend over 20,000 square leagues, is quite a different office.

Two methods suggest themselves to remedy this evil—one is to limit the exportation to a quantity equal to the production of the forests; the other to cultivate lhe tree. The former would be the most safe, but it is to be feared that already the consumption has so far exceeded the production, that this mode is out of the question. It is therefore necessary to cultivate the tree, and posterity will bless the nation who, by adopting this plan, shall rescue the Peruvian bark from destruction.

[The above translation, made by Prof. Silliman, Jr., will create a desire to see M. Weddell's work. It is strange that so little has heretofore been known about the botanical history of the Cinchonæ tribe, producing, as it does, a medicine once called divine, in Europe. And this is the more singular, from the fact that intelligent minds have enjoyed ample opportunities for obtaining facts.—

* The Bolivian government has granted a monopoly of the Barks of Bolivia to the company of Paz, with the right to export annually 4,000 quintals of ten pounds Spanish each. Not content with this restriction, the present moment they are accused of going beyond their rights. What then, would be the fact, if all restrictions were removed, if there existed the same restrictions elsewhere, and particularly in Peru, when the exportations are raised in some years to an almost incredible amount.

In New Grenada, when the rage for procuring the bark was at its height—as at the commencement of the present century—in 1806 alone, from the single port of Carthagena, the quantity of bark shipped amounted to the enormous figure of 1,200,000 pounds. At this day, on the contrary, they export hardly as many arrobas.

Even Dr. J. J. Von Tschudi, with all his fine means, has given but a meager account. But what little he says, possesses some interest, in view of M. Weddell's fears of the extinction of the plant. Von Tschudi says: "The mountains of Herancico, which once furnished all the apothecaries of Europe with "the divine medicine," are beginning again to yield supplies. *From the roots of the trees a vigorous aftergrowth has commenced.*" * * * * "The inhabitants of the Peruvian forest drink an infusion of the green bark as a remedy against intermitting fever. I have found it in many cases much more efficacious than the dried kind, for less than half the usual dose produces, in a short time, convalescence, and the patient is secure against returning attacks."*

From the fact mentioned by this intelligent author, that "a vigorous aftergrowth," springs up from the roots, we should suppose the best method to guard against the destruction of the plants would be for the government to prohibit the cascarilleros from felling the trees near the roots, and more especially to forbid the practice, mentioned by M. Weddell, of digging around the roots."

ART. IV.—*Practical Medicine and Surgery.* By T. S. BELL, M. D., of Louisville, Ky.

In the November number of this Journal, I gave a programme of the state of anesthesia, with a view of calling the attention of medical men to the necessity of prudence in the use of such powerful agents as chloroform and ether. It is a source of no ordinary satisfaction to know that those remarks have been received in the spirit in

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* Travels in Peru, by Dr. J. J. Von Tschudi.

which they were made, and it is hoped that medical observers will be induced to report faithfully their experience with chloroform and ether. The following extract of a letter from a skilful and judicious practitioner of medicine, is a model of its kind, and we are sure the readers of this Journal will peruse its statements on the use of chloroform with much gratification. The object of the remarks on "Chloroform in Parturition," already referred to, was to point out the abuses of a perilous medicine, and thus lead to the proper use of it. The letter below will, to a considerable extent, contribute to directing the mind of practitioners to the proper use of chloroform:

"You have come to the rescue, and seconded the efforts to calm the undue excitement, and to restore reason to her just supremacy, in a manner that cannot fail to do good, and I doubt not will have the effect to arrest attention, and recall many to the less hazardous paths of prudence.

"Yet there are cases of parturition in which anesthesia is, beyond all question, of great utility, and the desideratum is some certain and definite rule, under which the practitioner will be justified in administering the agents calculated to induce it. I have sometimes been urgently solicited to administer letheon and chloroform by females alive to all the intense sufferings which they but too well knew awaited them, and who, under the dreadful apprehensions that disturbed their excited imaginations, were willing to incur almost any hazard that promised the least alleviation. To these I endeavored to represent fairly the dangers incident to the practice—the accidents that have unavoidably occurred, and the utter impossibility of ascertaining the conditions that secure immunity. Some have been deterred from their purpose; but others, less timid, have insisted, and I have been induced to give the chloroform. I complied in these cases, not without much

apprehension, until mature reflection, and close and anxious observation led me to the adoption of a single rule for my future guidance.

With much pleasure, I recognize that rule, and what I regard as the correct principle, in the following observation of your own: "for the mere oblivion of feeling, the peril of anesthetics is too great, and those who administer them should always find some apology in the peril of the patient without them." Relying on this as a wholesome truth, I never resort to anesthetics simply for the purpose of obviating pain. I employ them only when I deem them required by some peculiarity of the case, and to obviate some misfortune more threatening to health or life than the remedy. Under this rule, anesthesia may be resorted to with propriety in most difficult cases, requiring manual interference, or the use of instruments, and it is also broad enough to include all those whose experience has demonstrated that, owing to idiosyncrasy or from other causes, the shock inflicted on the nervous system, by the throes of labor, is such as seriously to impair the constitution, and eventually to endanger life. In such cases I believe we are fully authorized to appeal to the most heroic remedies that science has placed at our disposal, and he is recreant to duty who shrinks from the responsibility involved. To illustrate the latter position, and for the purpose of exhibiting the immense benefit that anesthetics are capable of conferring, when properly applied, I will relate briefly, the history of a single case that has occurred in my practice.

"Mrs. ——, about 25 years old, is the mother of six children. My professional intercourse with her commenced in March, 1847, shortly after her fourth confinement. I found her extremely feeble, and suffering intensely from neuralgia, generally affecting the head, but sometimes the back or limbs. I learned that she had been uniformly attended by an experienced and judicious

accoucheur, but that, in spite of all the care which his own solicitude and the intensity of her agony elicited, she was, at the termination of each period, almost exhausted —appetite null, digestion impaired, and for months she continued to languish through sleepless nights and days of excruciating pain. After the lapse of three or four months, she would slowly rally, until about the period of a subsequent confinement, she was restored to tolerable health, to be again broken by the pains of childbirth.—Each period of confinement found her more debilitated than at the previous one, and less able to bear the increasing pangs that were rapidly and surely wasting the powers of life, and hastening the victim to a premature grave.

"At this time the child was necessarily abandoned to the care of a wet-nurse, while the mother was put upon a tonic course of treatment—temporary ease being obtained only by large and repeated opiates. It was only after three months, that the sufferer was restored to a degree of health compatible with a resumption of her domestic duties, which, however, continued to be performed in all the pain and discomfort known and appreciated only by those who endure them.

"In June, 1848, the same lady was again brought to bed, with her fifth child, and I was summoned to attend her. Earnestly pressed, by the lady and her husband, I reluctantly consented to the use of chloroform. After a labor of a few hours duration, she was safely delivered of a fine child, and very soon, after being made comfortable in bed, fell into a sound and refreshing slumber, from which she awakened expressing herself as having never felt better, and with mingled surprise and joy beaming in her countenance, exclaimed that she was entirely free from all those terrible sensations, that had ever before, on like occasions, proved so excruciating as to be far more dreaded by her than even the worst pains of labor. Subsequent to former labors, the most liberal use of opiates,

in every form, had been resorted to, with little alleviation of her extreme anguish, and seldom with the effect to procure sleep. No untoward event happened on this occasion, and the lady was quite restored at the end of two weeks, and she continues to enjoy better health than at any time since her first lying in.

In September, 1849, I was again requested to attend this lady, and at the same time, received the assurance that no consideration would induce her to dispense with chloroform. Nor did I attempt to dissuade her from her purpose, being fully convinced that the advantage she had obtained from it justified her in repeating the experiment and amply compensated for any hazard that its use involved. She was speedily delivered, with little pain at any time, and none at the fearful moment of the exit of the head. I am happy to say that her recovery was as rapid and complete as in the most favored cases.

"Her health continued to improve, and she is at this time a healthy, happy mother, free from all the pangs that for years embittered life, and rendered her incapable of enjoying the society of her family and friends. To chloroform she attributes all the credit of her restoration to health, and I cannot gainsay her judgement.

"Averse as I am to the use of anesthetics in ordinary labors, I think they become exceedingly valuable in cases like that which I have thus briefly related, and that the accoucheur is in duty bound to avail himself of the advantages they offer.

"The first child lived in good health to the age of five months, and died, after a few days illness, of an acute disease. The last is now living, and is a remarkably sprightly, healthy, promising child.

Yours, W. S. CHIPLEY.

Fracture of the Cranium—Concussion and Compression of the Brain.—On the subject of injuries of the head Hennen says: "The young surgeon who, for the first time, wit-

nesses a series of injuries of this description, will at every step have something to unlearn; he will find symptoms so complicated, contradictory, and insufficient to give any rational clue to their causes; diagnostics, of the truth of which he had read himself into a conviction, so totally unsupported by the results of practice; and the sympathies he was led to look for as infallible accompaniments of certain states of disease, so often wanting altogether, that he will possibly be inclined to relinquish the hope of ever arriving at a correct theory, or, at least, he will enter the clinical ward with the pride of science considerably reduced." No one can read Mr. Hennen's admirable reports of his cases, without realizing the accuracy of these remarks.

There is, in this state of things, an urgent demand for the numerical method in the detail of injuries of the head. When Mr. Thompson asserts that irregularity of the pulse is a frequent attendant upon compression of the brain, and Mr. Abernethy declares that intermission of the pulse is less frequent in compression than in concussion of the brain, we naturally feel a desire to learn the circumstances under which these adverse observations were made. When that mode of detailing facts, adopted by Louis, is applied carefully to injuries of the head, a great deal of the ambiguity and perplexity that now attends upon the diagnosis of these injuries will be removed. ed. Our experience, which is quite limited in these cases coincides with the observation of Mr. Thompson, but we differ from Mr. Abernethy with great reluctance.

As a contribution to this department of surgery we offer the following case. It presents some points of interest.

James Smith, aged about thirty-five years, a stout, hearty man, somewhat given to drink, was, on the twenty third of last October, by the violent plunging of his horse, thrown over the head of the animal, and the back of his

head struck the rough pavement of Fulton street. He was stunned very much by the fall, but soon recovered, and when taken home walked, with a little assistance, from the side pavement up a steep bank, and from there, up stairs to his bed room. As he passed the negro woman belonging to the family he spake to her in a lively, good humored way, and asked her if she knew him. A neighboring physician was called to the case, and upon ascertaining the violence used, and the external injury inflicted, he was surprised at the absence of grave symptoms. This gentleman summoned his partner to the case soon after he saw it first, and the symptoms denoted nothing more than concussion, and a very judicious prescription was ordered. About an hour after this, the case was placed under my charge, and after a long and minute examination, I was unable to discover anything more than concussion of the brain. The skin was pale and cool, the pulse regular but oppressed, the breathing sometimes hurried, at others tranquil. The patient talked without difficulty, at times delirious, at others perfectly rational. His greatest trouble was to tell how he had received the injury. He could occasionally remember that a horse was connected with it, at other times he was confident that he had been struck with a bar of iron.

The external injuries were a triangular wound of the integuments over the central portion of the suture that unites the occipital and parietal bones. In front there was a deep gash in the inferior portion of the chin. The region of the scalp around the wound of the occipital integuments, was, under my direction, shaved, but after a careful examination I was unable to detect a depression, and entertained some hope that there was no fracture.—The pericranium was not cut, and I did not feel satisfied, by the symptoms, that there was any necessity for dividing that membrane: The judicious rule of Mr. Pott governed the decision. I had strong suspicions that more

mischief had been done than was apparent, but I determined to watch the reaction and the general character of the case very closely. The suspicion of mischief was founded on the persistence of the effects of the concussion. There was little cause for suspecting compression; there was no approach to general insensibility; the eyes acted naturally; the pupils were obedient to their nature, contracting when exposed to the light, and dilating when it was withdrawn. The retina was sensible; the limbs were not relaxed, nor the breathing stertorous. The presence of these symptoms is considered indicative of compression.

In order to assist the reluctant reaction, I directed five grains of the carbonate of ammonia to be given every two hours, and brandy panada whenever he could be induced to take it. The last prescription I considered essential on account of the habits of the patient. My first visit to the case was between two and three o'clock, P. M. on the 23d. At six o'clock I saw him again, and found no material alteration, except that reaction was going on. At ten o'clock I was summoned to the case on account of several spasms, and the case was thus made additionally complicated. If there was any pressure, why had it been completely dormant? If the spasms denoted pressure, there was also reason to fear laceration of the substance of the brain. But the other symptoms had not changed. Just before the visit, my patient rose from his bed and walked to the fireplace. After sitting some time he rose and returned to bed without aid. He answered my questions without any difficulty, and with sanity. I found that he had been unable to retain the brandy panada on his stomach, and I determined to purge him actively, for the relief of the spasms. After I made the prescription, he bade me good-night in a natural tone of voice.

Early on the morning of the 24th, I called on my patient, and found the most ample evidence of compression. What this evidence was, may be understood by the symp-

toms of compression detailed above. A peculiar motion of the hands and shoulders satisffed me so perfectly of the locality of the pressure, that I at once predicted that it was at the base of the brain, extending to the upper portion of the spinal column. I called Dr. J. B. Flint to the case, and a resort to the trephine was determined upon. On cutting the pericranium, a clean, undepressed fracture was found in the occipital bone, and, upon trepanning it, a mass of coagulated blood was found between the dura mater and the scull. We removed all that could be scooped out, and the patient partially recovered his sensibility, and the pulse improved. In about an hour afterwards I returned to the case, and introduced a catheter into the bladder, and found it entirely empty.

On the morning of the 25th, the day after the death of the patient, we made an examination of his head. The fracture extended from near the lamdoidal suture through the occipital bone, to the right of the foramen magnum, and terminating in the posterior foramen lacerum. A large mass of coagulated blood was found occupying all the space included in the fracture. The middle meningeal artery had been lacerated; but why the evidences of this were so obscure, I am at a loss to know. Just before the spasms came on, the patient seized a tumbler of champagne brandy, and swallowed the whole of the liquor before the glass could be wrested from him. Had this any connection with the meningeal hemorrhage? Is it possible that the integrity of the vessel was injured by the fall, and the laceration made complete by the stimulus of the brandy? These are questions for which I am at a loss for an answer, and they are submitted to the profession for its judgment.

REVIEWS.

ART. V.—*A Treatise on the Diseases of the Bones.* By EDWARD STANLEY, F. R. S., President of the Royal College of Surgeons of England, and Surgeon to St. Bartholomew's Hospital. Philadelphia: Lea & Blanchard. 1849.

The value of clinical instruction is no where more triumphantly vindicated than in the history of St. Bartholomew's Hospital. One of the ablest of the Faculty of that institution has well remarked: "I have always thought that, in hospitals, knowledge is perpetually running to waste, for want of laborers to gather it; and I think so still. I have always thought that, in our schools, every mode of lecturing has been unduly exalted above clinical lecturing; and every place where knowledge is to be had, or supposed to be had, has unduly been preferred to the bedside; and I continue to think thus."

We fully concur with Dr. Latham in these valuable thoughts, and wish they could be properly impressed upon the minds of students of medicine. They cannot spend too much time in the hospital; its fields of instruction are perpetually opening new sources of information that can be gleaned from no other quarter. The next best thing to instruction thus obtained, is that derived from those intelligent minds that have devoted their lives to hospital service, and in this respect the literary efforts of the Faculty of St. Bartholomew's Hospital challenge the respect and confidence of medical students. The lit-

erary labors of Abernethy, Blundell, Lawrence, Gooch, and Latham have long commanded the admiration of the profession, and the excellent use they made of their hospital facilities will be remembered while medicine is cultivated as a science.

The work, whose title stands at the head of this review, is another of the rich contributions of St. Bartholomew's Hospital, and is a worthy colleague of the productions to which we have already referred in general terms. A more acceptable offering could not have been made to the medical profession, than this excellent treatise on the diseases of the bones. A philosophical monograph on this subject was needed, and we are thankful that the duty of preparing it devolved upon Mr. Stanley.

In reviews of ordinary works, a general notice is perhaps equal to the demand, but such a treatise as the one before us requires analysis, in order to do justice to its merits, and to convey to the general practitioner those useful and practical details that are valuable in his intercourse with his patients.

When Chesselden published his work on the anatomy of the bones, he apologized for omitting a reference to many of the important bones, by pleading the want of space, and a crusty reader of that day went about enquiring why Chesselden could not have bought a little more paper. The author before us has no apology of the kind to make—his work is almost complete, and presents a gratifying instance of great fullness, in a small compass. In this respect it is even superior to Mr. Brodie's admirable work on the Joints. In the active duties of a general practice, a physician is often at a loss for the very kind of information contained in this volume, and so scattered are the rays of light, that he might search an extensive library of English, French, Italian, and German medical books, without meeting a response to his inquiries. Compared with the production of Mr. Stanley, Mr. Benjamin Bell's Treatise is but a primer.

These facts seem to plead imperatively for an extended analysis of Mr. Stanley's work, and we shall devote all the space we can spare to it. By this course we may supply, partially, the wants of those who cannot procure the work, but we assure our readers that nothing of the kind can be considered a substitute for the treatise itself. The cases, which illustrate the observations, are full of instruction, and should be very carefully studied.

Mr. Stanley opens his treatise with the subject of "Hypertrophy of Bone." The affection, thus designated, consists in an increase of the size of the bone from the augmentation of its healthy tissue. Long bones are often thus increased in thickness, but rarely in length. This rarity, however, constitutes a reason why the practitioner should make himself very familiar with this state of things, for an incorrect diagnosis may lead to serious evil in the way of mal-practice. Mr. Stanley remarks:—"When a bone is hypertrophied only in its length, it may seem that the apparently greater length of it is the consequence of defective growth in the corresponding bone of the opposite limb. But when a bone is increased in thickness, and also in its length, its hypertrophied condition is then distinctly marked. Instances occur of hypertrophy in the tibia, whilst the fibula undergoes no change. Under such circumstances, either the hypertrophied tibia will become curved, or the ligaments uniting it to the fibula will yield with the increase of its length; and I have seen instances of both these occurrences."

It is easy to mistake this state of things for disease of the hip-joint. We have known such mistakes made, but they cannot occur with one who has capacity to take into view all the subject of examination. An intimate knowledge of these things is valuable, for the reason that every thing that tends to a correct diagnosis is important, and hypertrophy of the long bones of the leg may be so readily confounded with some of the hip-joint diseases

and the error would be so pernicious, that the practitioner cannot be too vigilant.

The following are the features of hypertrophy of the bone:

"The enlargement of bone by hypertrophy is unaccompanied by pain; it advances very slowly, its progress often extending through several years. Thickening of the periosteum often accompanies the enlargement of the bones, and ulcerations often occur in the integuments covering them, followed by small exfoliations from the hypertrophied bones." These features show how nearly allied this affection is to scrofulous disease, and hypertrophy of the bone will most usually be found in connection with the scrofulous diathesis.

Hypertrophy of the long bones is considered by Mr. Stanley beyond the reach of either constitutional or local treatment. The local application of iodine, and the internal use of iodide of potassium with sarsaparilla are beneficial to the extent of removing the irritation of the periosteum, but nothing can effect a diminution of the bones.

Hypertrophy occurs in bones of cancellous texture, and frequently in the bones of the face. In the latter, the affection usually begins early in life, and most frequently in the superior maxillary bone. The hypertrophy extends through the whole bone, and into the adjacent bones, causing the enlargement of them, and frequently the obliteration of the cavities of which they constitute the boundaries. The obliteration of the antrum, the nasal passages, and the contraction of the orbit constitute a state of things demanding the attention of the surgeon. Inasmuch as medicine can have no influence upon the disease, the only question to be determined is the propriety of an operation. When this is determined upon, it is not essential to remove the whole of the diseased bone. Mr. Stanley says he knows of instances where only a part of

the hypertrophied bone has been removed, and the wound healed soundly over the remaining portion of it, and the operation was not followed by any increase of the disease.

Atrophy of Bone.—This affection is a consequence of the diminution of the healthy tissue. "In some instances the bone is merely diminished in size; in others the walls are thinned, and the cells widened, and occasionally the cancellous texture wholly disappears, and the bone after maceration presents the characters of the bone of a bird, with its simple tube and thin walls."

The causes of this state of things are general or local. Atrophy may arise from defective constitutional nourishment, or from a deficiency of the supply of arterial blood to the bone. Again: the want of action, as in a paralyzed limb, is a cause of atrophy. Anchylosis of the shoulder joint is followed by atrophy of the humerus, and anchylosis of the hip joint, by atrophy of the femur.

This general description points out the proper course to the physician. The subject is much less important than that of hypertrophy, and does not therefore deserve much attention.

Neuralgia of Bone.—By this term, Mr. Stanley designates a class of cases in which pain arises in a bone, severe and lasting, unaccompanied by inflammation or other organic changes in its tissue, and thus, apparently, constituting a nervous affection of bone, like the neuralgia of other structures.

This species of disease is often met with in practice, and is very intractable. Some of the severest suffering we have ever seen was in cases of neuralgia of the bone. Mr. Stanley says that "cases of it are most apt to occur in females, and are often accompanied by symptoms of hysteria. In the instances which have come under Mr. Stanley's observation, the affection was met most frequently in the condyles of the femur, in the head of the tibia,

and in the humerus, and sometimes in the shaft of the bone. In some cases the pain was limited to a small extent of the bone; but in others, the pain extended through the whole of it. Compression of the limb aggravated the pain. There was scarcely any increase of heat in the soft parts covering the bone, which was the seat of the pain, and no more swelling than was occasioned by slight serous effusion into, or thickening of, the subcutaneous cellular tissue.

These observations are not, in all their details, in accordance with our experience. We have seen many cases of this affection, and they occurred more frequently in males than in females, and the os pisiforme has been the seat of the disease more frequently than the condyles of the femur, the head of the tibia or humerus. We have occasionally seen neuralgia in the superior maxillary bone, closely connected with tic doloreux, and when there it may be confounded with inflammation of the antrum, an error that would lead to very bad practice. A very nice discrimination is needed to distinguish the difference between neuralgia and inflammation. The difficulties are not removed by the diagnostic signs mentioned by Dr. Stanley. He says:

"The diagnosis between the neuralgic affection and inflammation of bone must chiefly rest on the following circumstances: first, the character of the constitutional symptoms, as these are, or are not, such as would afford ground for suspecting the local affection to be of a nervous or hysteric nature; second, the character of the local symptoms, *and the influence of remedies upon them.*— The pain attendant on inflammation of bone is usually less severe than the pain of its neuralgic affection; it is rather a constant aching in the bone, than the paroxysms of severe pain, which occur in the neuralgic affection.— Moreover, it is to be observed that local remedies do, although slowly, produce their effect on inflamed bone;

they obtain more than a mitigation of the pain; when perseveringly used, they will wholly remove it. Not so in the neuralgic affections, for here the best of remedies obtained but a temporary and partial relief."

This seems to us a singular system of diagnosis. The great end aimed at in diagnosticating diseases is the application of the proper remedies, but according to Mr. Stanley, the remedies themselves, in their failure or success, become a prominent part of the diagnosis. The phenomena attendant upon an inflammatory condition of the bone are sufficiently marked to enable a discriminating practitioner to distinguish that state of things from neuralgia. There are cases in which there is some obscurity, but the two diseases may always be distinguished without the humiliation of experimenting with the treatment, in order to find out what is the matter with the patient. And it is important to remember that the continuance of a neuralgic affection of the bone for any great length of time may produce "changes in the vascular tissue of the bone, that may terminate in sanguineous congestion, and even effusion of blood into it.

Mr. Stanley does not offer any very radiant hopes in the treatment of neuralgia. He says: "Local depletory remedies, sedative applications, counter-irritants, all have obtained only a brief mitigation of the pain; nor have constitutional remedies been more effective, with the exception of opium, which subdued the pain so long as the system was under its influence."

The plan of treatment which we have found most successful, is the application of the vinous tincture of colchicum, with calcined magnesia, in doses of a teaspoonful three times a day, and quinine in doses of ten, fifteen, or even twenty grains two or three times a day. The severest cases we have met have yielded to this treatment.

Inflammation of Bone.—Rheumatism, syphilis, and violence are the most fruitful sources of this condition of the

bone, and in no one point of pathology, of no graver character than this, is it more important to make a correct diagnosis, than between syphilitic and rheumatic inflammation of bones.

There is an increase in the sensibility, as well as in the vascularity of inflamed bone, and, as Mr. Stanley says, "from the inflamed tissue of bone there are products corresponding with the albuminous products from the inflamed tissue of soft parts. It may be that pus is produced from the inflamed compact osseous tissue. In the inflamed cancellous tissue pus is certainly deposited; the source of it here, probably, is the fine and very vascular membrane which lines the cells of bone."

"It results from the intimate connexion which, in respect to their vascular and nervous endowments, the component parts of a bone hold one with another, that they readily reciprocate their morbid actions; not, however, in an irregular manner, for there is an order observable in the progress of inflammatory changes from one part of a bone to another. Inflammation of the medullary membrane is followed by inflammation in the periosteum and outside of the bone. Moderate inflammation of the medullary membrane is followed by thickening of the periosteum, and by osseous deposits on the surface of the bone, with expansion and thickening of its outer lamella. Acute inflammation of the medullary membrane is followed by ulceration of the periosteum, by suppuration beneath it, and by ulceration of the surface of the bone.—Inflammation of the periosteum is followed by thickening of the inner lamella of the bone."

"Enlargement of bone is the general effect of inflammation in its tissues. But its characters vary with the circumstances giving rise to the inflammation; and it may be accompanied by expansion or induration of the bone, or by osseous deposits upon its surface."

These are the prominent phenomena of inflammation of

bone, that should be kept in view. An intimate acquaintance with the subject is very valuable in the treatment of syphilitic and rheumatic affections of the bones, and the close observer will find, occasionally, in syphilitic cases an expansion and induration of the bone, accompanied with osseous deposits upon its surface. We have seen cases where an osseous glove was completely formed over the outer surface of the hand; the bones were considerably expanded, and indurated. In these cases the pain was excruciating, and its relief effected no change in the osseous derangement. In the language of Mr. Stanley, "against the tenderness and irritation of the periosteum, which precede and accompany the morbid changes in the bones, treatment may be directed with the best effect, particularly the local application of mercury to the limb, with the administration of iodide of potassium and sarsaparilla, but upon enlarged and indurated bone, medicines have no effect; its condition will be permanent."

The enlargement of bone by osseous deposits on the surface, arises from inflammation of the periosteum. "A gelatinous deposit is first made on the surface of the bone —this deposit becomes cartilaginous, and then osseous. Rheumatic inflammation of the periosteum is probably the most frequent cause of these osseous deposits; but they occur under other circumstances. For instance, in the skulls of young females who have died whilst pregnant, or shortly after parturition, such osseous deposits have been found upon both the outside and the inside of the skull, but more especially in the latter situation."

On the subject of treatment of inflammation of the bone, Mr. Stanley is clear and philosophical. We give way to his remarks:

"Bone is not readily impressed by external agents: its organic changes in health and in disease being of slow progress, the remedies which influence them are proportionably slow in their operation. But, notwithstanding

the little susceptibility bone possesses, its nervous and vascular endowments are so far in harmony with the rest of the system, that when the nervous system is unquiet, and the digestive organs are deranged, the disease of bone, like the diseases of the soft parts under the same circumstances, are with difficulty controlled."

For the subdual of acute inflammation of the bone, especially when seated in the medullary membrane of a long bone, the requisite measures must be actively employed. These measures must be directed to the control of vascular action and the removal of pain. "A persistent and severe pain in the centre of a long bone," says Mr. Stanley, "quickly followed by fever and excitement of the nervous system, are sufficient to warrant the apprehension that the medullary membrane is the seat of inflammation, and to call for activity of treatment; for it is most important the disease should be arrested before it advances to the stage of suppuration in the bone, by which the limb and even the life of the patient is likely to be endangered."

The practitioner cannot be too fully alive to the necessity of active measures in cases of this kind. A full survey of all the phenomena of inflammation of bone, and of the probable sequelæ of neglected cases should rouse the physician to the necessity of judicious activity and vigilance, for he cannot easily be more active and industrious than the disease. The remedies that are useful in the inflammation of other structures are useful in this affection of the bone. Leeching will not, of course, subdue inflammation when in a bone, as promptly as it will, when the inflammation is in the soft parts, but it is, nevertheless, called for, and, after a time, will display its good effects. The abstraction of blood, either by leeching, or cupping, from the most eligible portion of the soft parts, in the region of the affected bone, and fomentations made with cloths, dipped in hot water, and, after

being applied to the inflamed part, wrapped in dry cloths, are the appropriate local measures. The position of the inflamed bone must not be neglected—it must be such as will neither invite nor encourage a sluggish circulation, or a congestion in the part, and perfect rest must be enjoined. Mr. Stanley also recommends, as "a local remedy of much value for subduing inflammation in bone, mercurial ointment constantly and plentifully applied to the surrounding parts." It is a remedy, however, that requires much judgment in its use, and must be narrowly watched. We are better pleased with Mr. Stanley's recommendation of iodide of potassium. He says he has found as much benefit from small doses as from large ones; he advises from two to three grains three times a day, in camphor mixture, or in a vegetable bitter infusion. The reader will find, in the department of selections, in this number, a more eligible mode of administering the iodine than either of these methods, and we are satisfied that the constitutional effects of the iodine, when given this way, will be much more useful and permanent. We allude to M. Marchal's preparation of the iodine in fresh almond oil, dissolved at the time of using it.

It is in the inflammation of membranous structures that the iodide of potassium has the best influence, and its good effects are most likely to show themselves when the seat of inflammation is the periosteum or medullary membrane, rather than the osseous tissue. "But," as Mr. Stanley well observes, "the inflammatory action, whatever was its original seat, soon spreads through the entire bone; therefore iodide of potassium is the remedy for inflammation in bone under all the circumstances of its occurrence."

We fully concur with Mr. Stanley in the following statement: "My experience of the iodide of potassium in the syphilitic affections of bone, agrees with the records on this subject by Martin Hassing, of Copenhagen, who

states that, 'in no other symptom of syphilis is the iodide so efficacious, and its effects so certain as in these cases of pain in the osseous system, whether they occur by night of day, or have troubled the patient for years, or only for a few days;' and he subjoins a statistical account of seventy-three cases of pains of the bone treated by iodide of potassium, in sixty-five of which the pains wholly disappeared, while in three they were diminished, and in five the iodide was given without effect."

We should rejoice if reporters of statistical facts in medicine would remember the importance of full details. The numerical method, in order to be useful, must not be confined to a mere "numbering of the host;" but should embrace everything that can serve to throw light upon the special condition of each patient. The age, sex, employment, habits, hereditary diathesis, &c., &c., are of the last importance, and the omission of such facts, renders the numerical method nearly as useless, as the loose, undefined plan of taking up stray facts, and wondering over them, which obtains too extensively. Practical medicine will be relieved of much rubbish whenever the true method of enumerating cases comes into universal use, and a simple, reliable and successful Materia Medica will be one of its boons.

But to return—the iodide of potassium will rarely disappoint the practitioner, in its administration in the secondary forms of syphilis. A long experience in its use enables us to speak, with much confidence, of its value in those affections, whether they show themselves in the fibrous or osseous tissues.

In the acute affections of bone, when seated in the medullary membrane, iodide of potassium is inadmissible, and Mr. Stanley very properly recommends the internal use of mercury, in combination with its external employment. These cases are, however, rare, "in comparison with those affections of the bone, for which iodide of po-

tassium is the suitable and almost invariably effective remedy."

Mr. Stanley speaks very commendably of the good effects of counter-irritation, in "long-enduring, or often repeated inflammatory affection of the bone." When counter-irritation is resorted to, it must be kept in full activity. And it must be remembered that counter-irritation is applicable to all the painful enlargements, indurations, and thickenings of bone, which other remedies have failed to relieve. We can fully corroborate these statements —for the results of counter-irritation, in inflammatory conditions of bone, have often come under our observation. In addition to the above admonitions, Mr. Stanley gives the following, which deserve attention. "Counter-irritation must not be employed whilst the inflammatory processes in the soft parts around the diseased bone are active; nor until they have subsided to allow an issue or seton to be placed near enough to the diseased bone to control the action within it. The degree of thickness of the soft parts over the diseased bone, must determine the extent and situation of the counter-irritant. When the carpal or tarsal bones are the seat of disease, a large issue placed directly over them will be likely, from the thinness of their investing soft parts, to aggravate the disease. When, on the other hand, the bones of the hip, or of the shoulder joint, are the seat of the disease, the thickness of the investing soft parts permits the issue to be placed directly over them. The counter-irritation is a controlable disease, established on the surface of the limb, in order to divert the activity of the organic processes from the diseased bone; but that it may have this effect, care must be taken that the new disease does not extend its sphere of irritation to the old one. Where suppuration is going on from the soft parts around the diseased bone, counter-irritation is inexpedient, for if a free outlet is given to the matter, all the good effects of

the issue or seton will be obtained. This is true in all cases, except where the discharge is trifling—in such cases counter-irritants are not interdicted.

We are reluctantly compelled to close the analysis of this admirable work, at the very threshold of some of the most important subjects. In many points of view, we regard Mr. Stanley's "Treatise on the Diseases of the Bones," as the most valuable contribution to Surgery we have seen for years, and we desire to make our readers as familiar with its revelations as a full analysis can make them. To the fulfilment of this purpose we shall address ourselves in the January number.

ART. VI.—*On the Pathology and Treatment of Epidemic Cholera.* By SAMUEL ANNAN, M. D., Professor of the Theory and Practice of Medicine, in Transylvania University.

An article, bearing the above caption, appeared in the last number of the Transylvania Medical Journal. The position of the writer—a teacher of practical medicine in the oldest medical institution west of the mountains—and the character of the essay—singular for its claims to originality in the use of a very old and common practice—must be our excuse, in presenting thus, parts of it to the notice of our professional brethren. Nor shall we confine ourselves entirely to this one article of Prof. A.'s, for shortly after his transfer from the chair of Obstetrics, to that of Theory and Practice, and during the prevalence of cholera in Lexington, so anxious was he to give advice, over his new professorial titles, to the profession (or public ?) that, not able to await the appearance of a medical journal, he sent to one of the political semi-weekly papers of that place, a half column of matter relative to the management of the disease then raging, and in about two weeks afterwards, through the same medium, repeat-

ed the dose. To each of these pieces, we feel compelled to allude. That the Professor of Theory and Practice in the Transylvania medical school, should have leisure, during the prevalence of a wide spread and malignant epidemic, and at a time when all the physicians of the place were occupied night and day, to concoct newspaper paragraphs—needs no comment. But to the pieces in question:—

After a few desultory remarks, concerning the causes of cholera, and its contagious or non-contagious character, etc., we meet with the following sentence, containing a doctrine so opposed to our own observation, that we must dwell upon it for an instant. "In contradistinction from this, [typhoid premonitaries] with a few exceptions, those attacked by cholera are in comparative health prior to the commencement of the first stage of the disease." Which first stage is, according to Prof. A., "feculent diarrhea."

This is certainly an ambiguous sentence, and may be construed either in favor of, or adverse to the existence of premonitory choleraic symptoms, as may best suit Prof. A.'s convenience. What are we to understand by "comparative health"? Is it meant that a person is well enough to be about, whenever not sufficiently sick to lie down, or does it mean that, alike from the absence of all the signs and symptoms of disease, as from any information to be derived from the patient, we are unable to foresee or forestall a threatened attack? This last seems to us the most natural interpretation, and particularly so, as in the sentence preceding the one under consideration, he makes mention of the "malaise, languor, lassitude and a feeling of weakness and weariness," which usually usher in a case of typhoid fever.

Well, what, according to authors and according to facts, is the true state of the case?

Mr. Gendrin, in his clinical lecture upon this disease,

published in the Gazette des Hôpitaux, March 31, 1849, says that they are always present (Le choléra est tonjours précédé de prodromes,) and moreover, that they sometimes commence as long as eight days beforehand. Mr. Tanchou, in the Society of Practical Medicine, during its meeting, held at Paris, on the 5th of July, said he had never seen a case "absolument exempt de prodromes." M. Chomel, the Professor of Clinical Medicine in the Paris school, than whom no one is more extensively known to the profession everywhere, and whose opinion most justly bears the great weight it deserves, admits that the disease is sometimes foudroyant, or most sudden in its attack, but this is the exception and not the rule, for he says:* "Sans doute, le plus souvent, les choses se passent ainsi: il y a des prodromes qui précedent de quelques jours l'invasion des symptoms cholériques." "Les premiers phenomines d'invasion sont d'ailleurs assez variables, elles se manifeste chez quelques individus, par la sensation d'un poids qui les accable. D'autres, etc., etc., Dans l'epidémie de 1832, la sensation la plus commune était celle d'une barre qui traversait l'épigastre." Mr. Rostan† makes five periods:—1. Prodromie. 2. Invasion. 3. Algide. 4. Reaction. 5. Return to health.—Dr. Bell‡ says: "On an early attention to the premonitory symptoms, or to this first or forming stage of the disease, will greatly depend the favorable issue of the case." Prof. Lawson,§ of Cincinnati, in his excellent résumé of all that has been written upon Asiatic cholera, says:—"The history of cholera in every country shows that it is almost invariably preceded by certain premonitory symptoms."

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* Gazette des Hôpitaux, April 3.
† Gazette des Hôpitaux, May 24.
‡ Bell & Stokes' Practice, vol. 1, p. 381.
§ Western Lancet, vol. viii, no. 6, p. 344.

So far as we have been able to push our investigations, we have yet to see the first writer, Prof. A. excepted, who does not, either directly or indirectly, assert the existence of the premonitory stage—some of them asserting with Mr. Gendrin that it is invariably present, but all admitting its existence in the large majority of cases. In a word, what is the meaning of the lassitude, the gastric embarrassment, the gargouillement and abdominal tension, the feeling of weight and oppression over the epigastrium, the disordered bowels, the depression of spirits, and many other symptoms of a deranged condition of the system, if they are not premonitories of an attack? True, these may exist in many cases without being followed by serious consequences, but so do clouds often lower upon the horizon, and scatter without a storm.

"The milk-white tongue is very peculiar, and in proportion to the thickness of this covering, is the predisposition to an attack. During the prevalence of the epidemic in this city, the tongue of most persons exhibited more or less of this appearance; and this was especially the case with those whose healthful feelings were somewhat disturbed."—This, we regret to say, is entirely opposed to our own experience and observation. Nor is this all—since the publication of Professor A.'s article we have made inquiries of several of the practitioners in Lexington, and especially those whose field of action was the most extensive, and find our observation fully sustained by their's. So far as the appearance of the tongue went, we hazard nothing in saying that it was indicative of naught, either before, during, or after the termination of an attack of cholera, and this was true alike in mild and severe cases, as it appeared during the past summer. And furthermore, if there be any other author who makes mention of this milk-white coating of the tongue, as an important characteristic of cholera, we do not now remember who he is. Dr. Parkes, page 97, speaks of a "cool pale tongue," in enumerating the premonitory symptoms of this disease, but we cannot, even by the most forced construction, confound this with a "milk-white" coating.

"The only post mortem appearance which I regard as of any importance, is that presented by the blood."

In this article the Professor does not give the details of a single autopsy, nor in fact does he lay claim to the credit of having made one himself, or having ever been present at one, and seen the inside of a defunct cholera patient. That his opinions upon this point, at least, of his subject, are purely speculative, those who are aware of his ultra con-

tagious views—which, by-the-bye, he most studiously, for reasons well known to himself and to the medical profession in Lexington, avoids expressing in the article before us—do not doubt. That the abnormal state of the blood constitutes a great element in the pathological lesions of cholera, we will not deny—though were we disposed so to do, we might quote, in support of our opinion, the following sentence from M. Chomel :* "Quant au sang, il ne pré-ent pas d' alteration assez nette ni assaz constante pour qu'au simple aspect puisse l' attribuer au cholera."

But whether the change in this fluid is the cause or the effect of the disease, may admit of debate. For our part, we are not sufficiently biassed by humoralism to believe that healthy solids elaborate abnormal fluids. Though Prof. A. does assert that, "few members of the medical profession will deny, that it [epidemic cholera] operates upon the human organism, by being introduced into the blood, and in this way circulating through all the organs and tissues, produces its peculiar effects." In fact, to affirm gravely that "the only post mortem appearance" "of any importance, is that presented by the blood,"—one must be grossly ignorant of the history of the disease as detailed by the first authorities in the world, and as verified by necropsic examinations, or else set out with the desire of basing a reputation for originality and profundity upon that most miserable of all foundations, unsustainable assertion. Is the shrivelled, shrunk condition of the body to go for nothing? Are the contents of the alimentary canal, the emptiness of the bladder, and its contracted walls undeserving of attention? Is the dryness of the serous surfaces to be passed by without so much as an allusion? Do not the small and hardened spleen, the softened, congested and friable heart, the congestion of the nervous system, and the condition of the lungs, liver, and kidneys deserve mentioning? If Professor A. had deigned to consult the works of those, at least his equals in professional acquirements, or, still better, had made investigations in the dead-room, he would never have given utterance to the opinion that "the only *post mortem* appearance" "of any importance, is that presented by the blood."

"The mucous coat is pale, except where there is great capillary congestion and ecchymosis, as in the more depending parts; and it requires a microscope to discover hypertrophy of the follicles." M. Grisalle, in his masterly work, says :† "La membra. e mu ueuse a gnéralement sa

* Gazette des Hôpitaux, April 14, 1849.
† Pathologie Interne, vol. i, page 724.

couleur et sa consistence normales; mais elle présente dans toute l'etendue des voies disgestives, depuis l'œsophage jusqu'a rectum, et spécialement à la fin de l'ileon, dans le cœcum et le colon, une éruption de petits corps durs et opaques, résistant à la pression, du volume d'une tête d'épingle ou d'un grain de chénevis ou de mil, impénétrables aux injections." M. Serres, at a meeting of the Institute of France, on the 9th of April, 1849, remarked:* "En 1832, j'ai fait ouvri'r de 60 à 80 cadavres de choleriques dès le début de l'épidèmie, et j'ai t frappé de la constance de cette éruption psorentérique, que j'ai trouvé sans exception chez tous les malades." M. Chomel† regards this as one of the principal lesions in cholera. M. Gendrim‡ says that these "microscopic bodies, as large as a grain of millet, are sometimes so thickly developed on the intestinal mucus that they seem to have been sown broadcast (été jétés à poignée). Dr. Parkes,§ of London, who, in his monograph upon cholera, gives minutely the post mortem appearances drawn from forty-six dissections, reports: "The agminated and solitary glands were enlarged in a majority of cases." "In 22 cases the agminated glands were considerably, and, in some cases, greatly enlarged." "The solitary glands were much enlarged in 16 cases." "When the Peyerian glands were small, the solitary glands were generally well developed; and the reverse"—in the large intestines, "the glands were visible in every case." Enough has certainly been said on this point, for though authorities without number might be quoted, all going to prove the idleness of Prof. A.'s assertion, if the weight of testimony here offered is not against him, and most of the gentlemen named above, stand on the uppermost round of the ladder of professional merit, it is useless to discuss it further. For our part, we regret to learn that the Professor's eyes are so dimmed (by age?) that he needs a microscope to see objects the size of a pin's head, but, at the same time, his candor in admitting it is highly commendable. So much for the pathology of epidemic cholera—let us now turn to the treatment proposed by Prof. A.

"No better evidence is required of the facility with which the feculent diarrhea, by some called precursory, can be arrested, than the unquestionable fact, that such a vast variety of means have been found sufficient for this purpose." "In the first stage ['feculent diarrhea'] I have given the following powders: R. Calomel, 3ss., plumb. acet. 3ss., pulv.

* Gazette des Hôpitaux, April 10, 1849.
† " " " 14, "
‡ " " " 3, "
§ Parkes on Cholera, pp. 40—42.

opii. grs. x., pulv. capsici vel camphor ℈j. M. Divide in pulv. x. signa. One powder every half hour, mixed in syrup, until three or four are taken." Does not this seem an uncalled for waste of medicine? Where is the propriety of giving from nine to twelve grains of calomel, as much of the sugar of lead, three or four grains of opium, and double that quantity of red pepper, to master a diarrhea which the Professor informs us, has "not unfrequently" been checked, and the patient cured, "by simply irritating a large portion of the skin"? But this is not the only instance on record, in which, by his own admission, Dr. A. directs more medicine to be given than is necessary. In his advertisement of the 14th of July, he directs us to "give calomel in small pills by the mouth, until from twenty to sixty grains are retained in the stomach.—Thirty or forty grains of this medicine will do all that this medicine can do." If this is his candid, deliberate opinion, what excuse is there for giving, and advising others to give, from twenty to thirty grains of calomel more than, according to his own admission, can possibly be useful? Why unnecessarily encumber the stomach of your patient, and particularly at a time when it is in a very high degree irritable? After recommending injections of the acetate of lead and laudanum, to check the discharges per ano, and finding them fail, when given in the usual way, he directs as follows: "Here a gum-elastic tube should be passed into the bowels, ten or more inches, the patient lying on his left side, and an injection composed of eighty or one hundred grains of acetate of lead, with two tea-spoonfuls of laudanum, in half a pint of rain water, should be injected into the descending colon, and pressure should be made upon the anus to prevent its escape." The propriety of still further irritating an already highly irritated intestine, by introducing into it, "ten or more inches," a gum-elastic tube, we think at least questionable, and we are so old-fashioned as to believe that this tube may act as a suppository, and excite action in a still greater degree than previously existed. If the injection, after being thrown high up into the colon, runs immediately back to the orifice of the rectum, what is gained by throwing it to this height—for, according to Dr. A.'s views, it must be absorbed before it can exert its astringing and sedative effects? If, on the contrary, it does not run back to the anal opening, why, in the name of common sense, set a nurse to pressing, "fundamentally," (as one of them once expressed himself,) a bundle of wet rags to the patient? If it does not remain where it is thrown, but descends to the sphincter, it is more troublesome and disagreeable to both nurse and patient than an injection

administered in the usual way, and possesses over it no advantages. But if it is an improvement upon the common mode, and the enema remains high up in the colon, then is all pressure upon the anus unnecessary, and being unnecessary, a most inexcusable annoyance. But does the tube pass directly up the bowel, as he asserts? It can be no easy matter to pass a flexible, elastic tube "ten or more inches" up the gut, and it is much more probable that it bends and doubles upon itself, than that it passes directly up to the extent described by Prof. A. We have seen several of these tubes, after they had been used, and invariably found them broken and bent as we have described. Upon one occasion, on going in to visit a patient in the last stages of the disease, we found the nurses administering, or rather trying to administer, an injection—after this most approved style—but the fluid escaped from the orifice of the anus in direct ratio to the pressure applied to the piston of the syringe. The tube was, by our direction, withdrawn, presenting more the appearance of a chain saw than a catheter; and an enema, in the usual way, thrown directly into the rectum. In his advertisement of the 1st of August, in addition to the above, Prof. A. directs the injection "to be forced hard, with a syringe through the tube." This, like everything else emanating from the Professor, is of such doubtful utility, to use no harsher term, that we can neither try it ourselves, nor recommend it to others.

In his publication of the 14th July, Prof. A. not only gave his own views with regard to the treatment of cholera, but made a few passing remarks, for the benefit of those members of the profession, who, finding injections of lead and laudanum fail, in many cases, in checking the profuse discharges from the intestines, combined with them the tannic acid. "Every one," he says, "with the smallest knowlege of chemistry, is aware that they [acetate of lead and tannin] are incompatible substances. An insoluble tannate of lead is formed, which is useless, and the acetic acid is highly injurious. No better plan could be devised for keeping up the diarrhea. Warm water, too, is preferable to thin starch, as a vehicle for the lead and laudanum. The object to be attained is their absorption, and the starch is in the way, and causes the absorption to go on more slowly." So the learned Professor hopes, by the publication of views based upon aborted hypothesis, to change the practice of those who have experience for their guide. We are forced to conclude that he has never tried the effect of this combination of chemical incompatibles—but still he issues against them his profes-

sorial edict, based, not upon his own experience, or that of others, but upon his "smallest knowledge of chemistry." In opposition to his theory, we must beg to record our experience. We have used this compound of lead and tannin, and we used it with as full a knowledge as Prof. A. himself of the chemical incompatibility, but in the school in which we were taught, we learned that medicines might be chemically incompatible, and yet used with the most decided advantage in practice. We used this combination both before and after the proclamation of the 14th July, nor have we any reason to regret it; for we, in almost every case, succeeded in checking the diarrhea, and that, too, after the injections of lead and laudanum had failed. Nor are we alone in this, for it was tried by other physicians of Lexington and the surrounding country —all of whom speak favorably of its effects, and inert as Prof. A. may deem the "insoluble" compound, resulting from the union of sugar of lead and tannic acid—the tannate of lead—Messrs. Trousseau & Pidoux in the first volume of their excellent work on Therapeutics, page 155, place it among the astringents, and speak of its beneficial effects as such. Is Prof. A. aware that the objection, urged by him, against the combination of lead and tannin, exists to a certain extent to his favorite injection of lead and laudanum? Does he know that an insoluble meconate of lead is formed, which is, according to himself, utterly worthless? If he does not know that this chemical decomposition takes place, he is unfitted by ignorance, to teach practical medicine, even to beginners. But if, on the contrary, he is aware of it, then is he a dishonest writer, who prepares his articles as baits for the public, and not with the expectation that they shall pass through the ordeal of medical criticism.

While on the subject of incompatibles we would suggest the fact that Dr. Chapman, in his work on Therapeutics, vol. ii, p. 359, in a note, says: "Certain medicines, too, seem to be incompatible with lead, not from any *chemical* changes, but on account of the *counter* agency which they exercise in their medicinal action. Of this description is mercury, as is illustrated in the effects of that article in saturnine colic," etc.—Now this may, or may not be true—we can hardly suppose that it is, for certainly Prof. A. would not, after all he has said on the subject of chemical incompatibility, use, still worse, medical incompatibles—but then, on the other hand, Dr. Chapman is, to say the least of it, quite as extensively and favorably known, and of as great weight in the profession as is the Professor of Transylvania.

In the same piece, Dr. A. objects to the administration of tannin by

the mouth, on account of its producing emesis. During the late epidemic we gave in the form of pill, and saw given by others, thousands of grains of this medicine, and can unhesitatingly assert that it fulfilled, to a higher degree than any other one remedy, our most ardent expectations. Nor was it more offensive to the stomach than the sulphate of quinine, for though some are vomited by quinine as by an emetic, this is the exception and not the rule—the same is true of tannin.

How it happens that astringent and sedative injections have to be absorbed into the system before they commence exerting their peculiar effects upon the parts to which they are applied, we must leave for older and wiser heads than ours to explain, it certainly is opposed to all of our preconceived ideas—possibly Dr. A. can enlighten us. "By the use of large quantities of acetate of lead and laudanum, thrown high into the bowels, through a tube, I have never failed to subdue the serous exhalation." (?) "It has occurred to me that the only safe plan of restoring to the circulation, what has been lost by the serous hemorrhage from the bowels, would be to inject high into the colon, a large quantity of warm water, containing in solution bi-carbonate of soda and chlorate of potash. * * * * * I have thought, that, possibly, by injecting into the colon, two or three quarts of warm water, holding in solution one ounce of the bi-carbonate of soda, and half an ounce of chloride of potash, and retaining this injection by firm pressure on the anus, that absorption would go on with sufficient rapidity to interrupt the sinking process, excite the heart to augmented effort, restore the functional action of the more important organs, and prevent death. That the absorbing veins of the colon are ready to take up whatever is presented to them, of suitable properties, is clear to my mind from what has come under my own observation. After injecting the solution of acetate of lead mixed with laudanum, by means of the tube, my patient has tasted them in from one to two minutes."

The above extracts constitute perhaps the most remarkable parts of the whole paper, remarkable as it is in its totality. In ordinary times a *pint* of warm water injected into the bowels, is, of itself, sufficient to produce an action, yet here we have the grave and learned Professor of a most important branch of medical education, teaching us to inject TWO OR THREE QUARTS of a warm saline fluid, and that, too, in a disease of which purging is one of the most dangerous and troublesome symptoms; but not content with injecting this enormous quantity, he seriously proposes to cause its retention by means of pressure. Wha faith he must have

in the power which this favorite means can exert—a means so old* and so useless as to be almostforgotten and abandoned. If it is possible, by pressure, to cause the retention of these "two or three quarts of warm saline enema, until absorption shall take place, (and we are now for the first time told that the "absorbing veins of the colon are ready to take up whatever is presented to them of suitable proporties,") why not sooner have recourse to this all powerful agent, and by applying the pressure before the stools have become frequent—indeed, the very first thing—throw injections of lead and laudanum to the dogs, and abandon all treatment save that of holding the anus; for, by means simply of this almighty pressure can we not prevent the matter exhaled into the intestines from having exit? and can we not thus cause its re-absorption? It is nothing but the water and salts of the blood, and is certainly more suitable in its properties than any artificial substitute that human hands can prepare.

As a proof that absorption takes place readily and rapidly, Prof. A.'s patient has tasted enema "in from one to two minutes" after their administration. This is certainly rapid, and when we recollect that the matter tasted was first obliged to reach the liver, pass through its capillary system, go through the right side of the heart, through the pulmonic capillaries, back to the heart, and through its left cavities, the aorta, and vessels of the neck and head, before it could, by any possibility, on the absorbent principle, reach the nerves of taste, we are forced to admit that it was certainly quick work. Hereafter, we will never object to the expression "torrent of the circulation," for in comparison with it steamcars are antiquated sloths, and the electric telegraph a humbug.

"As far as I am acquainted with its properties, [the di-sulphate of quinine] I should suppose it to be contraindicated by the irritable state of the bowels." On this point, Prof. A. has considerably softened down since his advertisement of the 1st of August. In that he says: "I beg leave also to caution my friends against the use of sulphate of quinine. In the form of pill or powder, it is certain to act on the bowels if they are at all irritable, and cause a relapse. Even in the solution, in most cases I regard it as an unsafe remedy.

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* Moseley, on Tropical Diseases, alludes to its employment by Septalius, whose work, in which anal tamponnement is recommended, was published in 1629. See also an article by Dr. T. S. Bell, published in the Transylvania Journal of Medicine, Vol. v., No. 4, 1832, in which the writer administered a severe, but well merited castigation to Dr. Clanny for pursuing the same practice. See also a well written and burlesque account of this same nonsensical idea, in the Gazette des Hôpitaux for April 24, 1849.

Until reading the above paragraph, we were not aware that quinine was remarkable for its purgative qualities. We knew that when given in inordinate doses, at least so say the authorities, it occasionally causes purgation, and we can readily believe that there are some few persons, who, owing to a peculiar idiosyncrasy, will be purged by it. But certainly this does not exist to so great an extent as to cause its rejection in all cases of irritable bowels, and most particularly not in a disease like epidemic cholera, of which prostration and depression of the vital power is so striking a characteristic. Of the many who have used it, we will only refer to Mr. Serres, who, in a paper* read before the Institute of France, recommends the following injection for the purpose of checking the bowels: starch, camphor, laudanum and quinine. We have referred to M. Serres alone, because his mode of using this article and the reason he assigns for its use, (its sedative effect upon the bowels) are directly and unequivocally opposed to the assertion of its irritating influence.

"The liver, when properly excited by calomel, after the stoppage of the serous hemorrhage from the intestines, has never refused to secrete bile, under my observation."

We ask for information. Does not the liver at all times, "when properly excited by calomel," secrete bile? Is not the secretion of bile, after the administration of a dose of calomel, the only evidence which we possess that the medicine has excited the liver? According to Prof. A.'s opinion that the blood is the seat of the disease, that "serous hemorrhage" is the great enemy to be combatted, should not the arrestation and supply of this loss of the watery particles, be of itself sufficient to set the liver to its proper work, and to restore equilibrium to the functions of all the organs? It does seem to us that only one answer can be given to each and all of the questions, though, as we said before, we only ask for information.

"I therefore claim originality not only for the first idea of the value of this potent agent [acetate of lead] but also for the best mode of using it."

On referring to Pereira's able and standard work, though we cannot learn when this salt was first used, we find that it was employed for medical purposes as early as the thirteenth century. But possibly the physicians of that and every succeeding age used it empirically, without the slightest knowledge of its value. As yet no work upon materia medica, so antiquated, has fallen under our eyes, as to contain no men-

* Gazette des Hôpitaux, April 10.

tion of this valuable medicine, and a tolerable description of its powers. So, in claiming "originality" "for the first idea of the value of this potent agent," the Professor must either be the accursed wanderer upon earth until the second advent, or else most unblushingly ignorant of the history of his profession. True, he alludes to its use by Drs. Graves and Burdsley, and he might have extended the list over sheets of foolscap, but in the next breath claims "originality" "in the first idea of the value" of a medicine so old that its origin is almost, if not quite, lost in the gloom of ages long past.

He also claims "originality" "for the best mode of administering it." In Mosely on Tropical Diseases, page 404, we read as follows: "For an inveterate and harassing tenesmus, succeeding long continued dysenteries and diarrheas where bloody mucus, or sometimes blood, and sometimes purulent matter, is perpetually voided, with intolerable soreness about the anus, I have known glysters remove the disease very soon: R. Extracti saturni, drachma; Aquæ puræ tepidæ, uncias octo. M.

And when the soreness is sufficiently abated, he recommends the following glyster: "R. Extracti saturni, drachma; Decocti corticis quercus, uncias octo. M."

Possibly Prof. A. may never have seen Mosely's work, but his use of the acetate of lead is referred to by the late Prof. Eberle, in his work on Materia Medica and Therapeutics, which, being much more modern, it is presumable he has seen. So here we have Mosely pilfering from Dr. A. his original idea of injections of lead, but, not satisfied with that, he most unblushingly combines with them, sometimes, an article containing tannin, as though chemical incompatibles were to him but as moonshine.* In addition to the recommendations of authors, how many practitioners of medicine are there, throughout the country, who, for years, have been in the habit of using it? Even here, around the Doctor, under his very eyes as it were, a large number of physicians were using it, and that extensively, in the treatment of cholera, long before he was known to have treated his first case, and this is susceptible of proof by the druggists of Lexington.

We will not express our opinion of the qualifications of a Professor of the Theory and Practice of Medicine, who, through the pages of a most respectable, and, we hope, widely circulated medical journal, gives utterance to such views, and so boldly lays claim to such discoveries.—

* See also Trousseau & Pidoux, vol. i., pp. 154—6.

Is he really as ignorant as he appears, or does he, knowing better himself, presume upon the ignorance and credulity of his readers? Does he, like some of his compeers, from the other side of the Alleghanies, believe that we of the West are still steeped in a literary darkness more overpowering, more impenetrable, than that physical darkness which, by an avenging God, was spread over Egypt?

Who was the first to use injections of lead and laudanum, we do not pretend to know, but so far as concerns Prof. A.'s claim, it is without foundation even in his own imagination. He might as well lay claim to originality in the application of the bandage immediately after parturition, or gravely assert that the speculum may be used in the virgin vagina without injury to the hymen. R. P. H.

Art. VII.—*The Practice of Surgery: embracing Minor Surgery and the Application of Dressings, etc., etc.* By John Hastings, M. D., U. S. N., Fellow of the College of Physicians of Philadelphia, Lecturer on Surgical Anatomy and Operative Surgery, etc., etc. With numerous illustrations. Philadelphia: Lindsay & Blackiston. 1850.

We have examined this work with some degree of care, and though it is not, by any means, all that it should be, we commend it to the attention of the general practitioner. In all compilations of this kind there must be serious defects, from the fact that the compiler is apt to follow authority, rather than observation, and he often runs after an ignis fatuus, when he feels persuaded that he is guided by truth. A familiar illustration of this remark may be found in the subject of Hydrocele. Dr. Hastings, in following the usual authorities, recommends the use of the trocar, and an injection of some stimulant articles, and he refers to the use of the seton. Neither of these plans is the best, for they often, and within our experience always, fail in curing. Professor Dudley has been in the habit, for many years, of making an extended incision entirely through the tunica vaginalis, and healing

the wound from the bottom. This plan offers many advantages over the seton or the puncture. It is equally as safe to the patient as either of the others; it is much more successful than they are, and in addition to these recommendations, this method enables the surgeon to remove all doubts as to whether the case in hand is hernial, or encysted hydrocele, hydrocele of the tunica vaginalis, or hydrocele of the cord. It is not always possible to make the diagnosis perfectly in practice. Prof. Gross has recommended a plan, too, in a recent number of the American Journal of the Medical Sciences, which embraces the advantages we have mentioned, and Dr. Hastings does not refer in his work to either of the American operations. The practitioner, therefore, who may take Dr. Hastings as his guide, would not follow the best method of managing hydrocele.

But we cannot enter into a detail of the merits or demerits of the work. Dr. Hastings deserves credit for the industrious manner in which he has collated the authorities in surgery, and though he has not always, in our judgment, selected the best methods, he has made a very respectable vade mecum of surgical science and art.—There are several works of the kind before the profession, and this is probably equal to any of them.

The work before us is well printed, and has numerous illustrations of the various matters presented. We commend its perusal to young practitioners, and they will soon learn how far it may be followed as a guide.

This work, as well as Stanley on the "Diseases of the Bones," may be found at the bookstore of Beckwith & Morton.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

On Functional Disease of the Liver, associated with Uterine Derangement. By Dr. Butler Lane.—[Dr. Lane thinks that the relations between the liver and the uterus in health and disease, have not been sufficiently noticed. He says:]

The research and experience of three years enabled me to advance the following propositions:—

1. In a state of health an anatomical and physiological relationship exists in the female between the liver and the uterus.

2. The relationship in question is apt to be disturbed in many forms of disorder and disease, primarily implicating either organ individually.

3. The disturbance in question, though varying much in nature and degree, assumes certain definite aspects, the recognition of which serves much to direct and facilitate our therapeutic appliances.

In a great majority of instances it will be found that menstruation rarely occurs without some concomitant alvine derangement. The bowels will vary from their usual state of action, becoming either confined or relaxed relatively to their ordinary condition. Now we know that bile may be considered as the natural stimulus to healthy alvine action; if therefore, that secretion be increased or diminished, so in proportion will there consequently be increase or diminution in the action of the bowels. As-

suming, therefore, the existence of an hepatico-uterine relation, it will follow that when the periodical excitement of the uterus takes place, occasioning menstruation, then the liver will manifest some sympathetic influence. If the action should be simply derivative, the biliary secretion will be diminished, and the natural catharsis will consequently be lessened. But if a greater degree of excitement attend the menstrual period, the liver may be even supposed to undergo a sympathetic degree of excitement or erethism, and its secretion being thereby augmented, instead of being diminished, increased catharsis will consequently result. It is also to be remembered that there is an immediate connection between the veins of the uterus and the portal system, which must exert some influence. The uterine blood, however, when subjected to its own special secretive action, is purified by that very process, and consequently it does not in that respect need the hepatic elaboration; it is unlike the intestinal blood, which is impoverished by furnishing pabulum for the secretions and deteriorated by the admixture of foreign matter imbibed by venous absorption.

In some instances, certainly, intestinal irritation will cause uterine excitement, and on the other hand, I can conceive that uterine excitement may implicate the intestinal canal; but I cannot understand how uterine excitement is, as a general rule, to diminish the normal irritability of the intestines, and the cathartic action thereon contingent, unless it be through the medium of hepatic influence. It seems at first sight rather irrational to consider the secretion from the portal venous system as antagonized by that from the arterial uterine system; but we must remember that, during the menstrual period, a complete temporary revolution takes place in the female constitution, which, indeed, is often very perceptible at its outset. In such cases langour and oppression are experienced, the pulse is accelerated, the countenance becomes sallow and almost jaundiced, a peculiar faint odor emanates with the breath and from the cutaneous surface, and only on the establishment of the uterine flux do these symptoms subside. I believe that at the approach of the uterine excitement the function of the liver is performed imperfectly, the process of depuration therein effected is incomplete, and the supplementary respiratory action,

though often much excited, is inadequate to the task.—Thus the arterial blood circulating through the system is to some extent impure; this very impurity is the essence of the peculiar constitutional state that exists, and it is by means of the uterine secretion that the blood undergoes the necessary process of filtration and separation, by which the system becomes relieved. Chlorosis has often been regarded as an hepatic affection, but it is only by adopting the above views that the assumption admits of explanation.—*Med. Gaz.*

On the Treatment of Obstinate Dyspeptic Symptoms. By Mr. Bevan.—[Referring to an obstinate case of dyspepsia, respecting which advice had been asked, Mr. Bevan says:]

From the train of symptoms described, I perceive that this case is one such as often comes before me. Indeed, I have just completed the successful treatment of the case of a gentleman who has labored under a disordered digestion and general broken constitution for a considerable time past, but had become much worse during the last twelve months, accompanied with general pains. Under the course which has been adopted he has been perfectly restored to health. It is as follows: Pulv. jalapæ compositæ unciam; calomelanos, grana decem, cum melle rosarum electuarium fiend. cyathum minimum sumend. alteris diebus mane horis, duobis jentaculum. After which to drink one tumbler of pure cold water, followed up, if possible, by exercise.

By this course, most probably the secretion of the liver will be brought to its natural color and consistence. In three or four days then to desist from the medicines.—Each night the body to be fomented with warm water before stepping into bed. Food to be taken as cool into the stomach as can be, and all fermented liquors to be relinquished, generally speaking, unless prostration of strength occur, and then merely to resuscitate. By this plan the patient will be enabled to undertake the second process—viz: the vapor bath, for half an hour each day, or as he can bear it, followed by the cold dash or bath, and accompanied by hand-rubbing. If the vapor-bath cannot be

the wound from the bottom. This plan offers many advantages over the seton or the puncture. It is equally as safe to the patient as either of the others; it is much more successful than they are, and in addition to these recommendations, this method enables the surgeon to remove all doubts as to whether the case in hand is hernial, or encysted hydrocele, hydrocele of the tunica vaginalis, or hydrocele of the cord. It is not always possible to make the diagnosis perfectly in practice. Prof. Gross has recommended a plan, too, in a recent number of the American Journal of the Medical Sciences, which embraces the advantages we have mentioned, and Dr. Hastings does not refer in his work to either of the American operations. The practitioner, therefore, who may take Dr. Hastings as his guide, would not follow the best method of managing hydrocele.

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had, a sitting bath for one hour, with frictions, beginning at the temperature of eighty degrees. He should also bring himself gradually to drink as much pure cold water in the twenty-four hours as the stomach can reasonably bear; four or five tumblers will be sufficient. By this process the skin will probably be brought to its original healthy condition, a most essential ingredient in the means of restoring the digestive function. In all cases of this kind, the morbid condition of the liver is the immediate and prominent cause of this complaint, being, however, first produced by the deranged condition and function of the skin, which is a true respiratory organ, performing (as has been well proved) the same change on the blood as the lungs, separating the carbon and hydrogen, but which in this case, as in others, is most probably harsh and dry, or oily, clammy, and profuse, the necessary consequence of its deranged action; its function is therefore damaged, if not entirely gone, and which must be thoroughly remedied before any permanent salutary change in the digestion can accrue.

[For the same case, another gentleman recommended small doses of tincture of nux vomica.]—*Lancet.*

On a Solution of Iodine in Oil. By M. Marchal.—This preparation has superseded the other forms of iodine at the Val-de-Grâce. M. Marchal, believing that cod-liver oil owes its virtues to the small quantity of iodine which it contains, concluded that a more effective preparation of this substance than the iodide of potassium is found to be, might be made by combining it with an organic body; in which state the drug would probably be longer retained in the economy. He selected an oily body, in the hope that the oil, by forming an emulsion with the bile, would allow of the substance being digested in the small intestines, and enable the stomach to become relieved of its presence. In this way, large doses of iodine can be administered, if requisite, without irritating the latter organ; while the iodine is eliminated by the urine more slowly than is the case with the iodide. At the same time, its absorption is made certain by the fact of its not being detected in the feces. The iodine is dissolved in

fresh almond oil as wanted, in the proportion of one part to fifteen, and of this an emulsion is made with gum tragacanth and the milk of almonds. The minimum dose is one grain, gradually increased to six grains. M. Marchal has used it extensively in the treatment of buboes and other glandular enlargements, with the best effects, in promoting and hastening their cure; M. Ricord also adds his testimony in favor of this preparation.—*Gazette de Hôpitaux.*

Use of Sulphate of Iron in Chancre and Gonorrhea.—[An anonymous correspondent of the Lancet says:]

The whole class of caustic agents, when applied to the Hunterian chancre (though the potassa fusa cum calce be used till the ulcer be "punched out," as recommended by M. Ricord) form an eschar with pus still secreting; in fact, the morbid cells have not been destroyed. The alkaloids and hydro-carbons are equally inefficacious.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists, that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases. The proto-sulphate of iron, I have observed to be the most powerful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhea, we have now an agent arresting the morbid cellular action, in the salts, which should be used in solution super-saturated.

In leucorrhea, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhea, with great benefit.

The action of this salt will produce a great change in superseding mercury in the treatment of diseases of specific origin.—*Lancet.*

On the Use of Coffee in Infantile Cholera. By Dr. Pickford.—Dr. Pickford states, that from the great importance which now attaches to the treatment of cholera, he feels it to be incumbent upon him to impart to others the experience which recent opportunities have afforded him of the effects of coffee in the cholera of infants.

In the case of an infant at the breast, to which he was called late, to whom the usual remedies had been administered unavailingly for four days, the exhibition of coffee was attended with complete success. The incessant vomiting and purging had produced extreme emaciation: the abdomen was distended; the pulse was frequent and small; there was great restlessness, and sleeping with the eyes half opened; convulsive motions of the eyes when awake. Carbonate of ammonia, with nourishing diet, and external stimulants, having been fruitlessly exhibited Dr. Pickford determined to have recourse to coffee, which he knew to have been recommended as a stimulating tonic, by Dr. Dewees. He began with a small dose, a scruple, infused in two ounces of water, with one ounce of syrup, giving a large spoonful every hour. The effect was surprising; the vomiting was arrested; the evacuations became more consistent, improved in color, and less frequent. The amendment progressed so rapidly, that by the tenth day the child was discharged as cured.

The effects were equally good in a little girl, fourteen weeks old, in whom the vomiting was not so severe, but the diarrhea was quite as copious. In this case also coffee was given, after other means had been tried, and the patient greatly reduced. Dr. Pickford has since used this remedy in nine children of different ages, from four weeks to two years and a half. The doses have varied from half a scruple to two scruples daily. He has also administered it to children laboring under premonitory symptoms, especially where the evacuations have been

very light colored. In some cases a single dose of calomel has preceded its employment. The effect was always favorable, except in one case to which he was called too late, when the child was already sinking. He has not had any occasion to try the value of coffee in the diarrhea of adults, having found calomel and opium of sufficient efficacy.

The benefit of coffee, especially in bilious diarrhea, has been extolled by Lauzow and Chultze (Richter's Arzneimittellehre, vol. 1). West, in 1813, found a combination of coffee and opium very useful in the epidemic of that year. Coffee has long been employed by the common people as a remedy (in Germany, we suppose), after excessive indulgence in spirit drinking. It is known to have the property of promoting digestion, and the action of the bowels. The purgative action of burnt coffee is attributed by Dr. Pickford to its tonic exciting properties. Like some other substances, in small doses it is capable of restraining diarrhea, while in large doses it acts as a cathartic. The physiological explanation of this opposite effect of the same remedy is probably to be found in the condition of the motor nerves, which, being weakened, are by its moderate stimulus restored to their normal state of excitement, and thereby diarrhea depending on their paralysis is cured. In this way, also, is explained its aperient action in larger doses on adults, by its overstimulating these nerves, and so promoting increased movements of the intestines. This simple domestic remedy is so readily available that its efficacy deserves to be tried, and, if confirmed, made more extensively known. Our own experience of its utility in a case of vomiting and purging which has recently presented itself to us fully bears out the author's encomiums. It is not, however, safe to draw conclusions from a single instance.—*Med. Gaz.*

On the Use of Iodide of Potassium in Chronic Lead Poisoning. By M. Melsens.—The treatment proposed by MM. Melsens and Natalis Guillott rests on this principle: to render soluble the metallic compounds which the system would retain, by associating them with a body which

the system most readily eliminates. This point of view has already been realized: first, by means of the property possessed by all the insoluble compounds formed by salts of mercury and the substances which are met with in the system, to become soluble in iodide of potassium; secondly, relying upon the facility and rapidity with which this system eliminates the iodide of potassium, it has been admitted by analogy that the compounds of lead retained by the system would most probably be dissolved and eliminated by iodide of potassium.

In the present communication, M. Melsens mentions several well authenticated cases of recovery from poisoning by preparations of lead. All the patients treated with iodide of potassium were cured. M. Melsens shows clearly that neither sulphuric acid, nor the sulphates can be considered as remedial agents in chronic diseases arising from handling preparations of lead, whilst the sulphate of lead is a poison sufficiently virulent to destroy animals in a few weeks. Dogs never resist its action longer than one month, and some die in a few days. When sulphate of lead and iodide of potassium are conjointly administered to a dog, no morbid effect is produced within the time necessary to kill a dog to which the sulphate alone was administered.

M. Melsens says that, if a very strong dose of iodide of potassium be administered in the first case to a dog suffering from disease arising from the administration of the sulphate, carbonate, or iodide of lead, he quickly dies —but that if on the contrary, we commence by giving small quantities of iodide of potassium at a time, and gradually increase the dose, the animal is cured in a very short time. The doses of iodide of potassium which kill a dog laboring under the effects of lead, produce no action on a healthy dog. M. Melsens also relates several cases of complete cure who he obtained by following the same plan of treatment with persons affected with tremor from working on mercurial preparations. One of these was completely cured without ever discontinuing his regular work. The mercury came away in the urine, and was found in the state of the iodide: it was impossible to find any trace of the mercury in the urine of the patient after his recovery.

The result of the facts established in this communica-

tion is that, by means of the treatment with iodide of potassium, the cure of chronic poisoning by lead or mercury is not obtained until after acute poisoning has first taken place, which acute stage the medical man is fully able to direct, according to the strength of his patient, but which ought to be an object of the most scrupulous attention on his part. The experiments also prove that, although certain medicinal preparations have an action of their own, yet they also act through the medium of substances which they find in the animal economy.

[We do not find that iodide of potassium exerts any well-marked solvent action on iodide of lead, although it very readily dissolves the iodide of mercury. It would have been most satisfactory if, before assigning the recovery of these cases to this solvent action of iodide of potassium, the experimentalist had distinctly proved that lead was thus carried out by these secretions more rapidly than when the iodide was not exhibited. Until this had been shown, the conclusion respecting the curative properties of this salt is not warranted by the facts. It has been recently tried in some well marked cases, and has signally failed.—Ed. Med. Gaz.]—*Med. Gaz.*

Cases of Poisoning by Chloride of Zinc.—Dr. Thomas Stratton, R. N., relates in the Edinburg Medical and Surgical Journal, for October, 1848, two cases of poisoning with chloride of zinc. In both cases a wine-glassful of solution was swallowed, containing in one case, about twelve grains of the salt, and in the other, about two hundred grains. In the latter case, burning pain in the gullet, burning and griping pain in the stomach, great nausea, and sense of coldness, were instantly felt. Vomiting followed in a few minutes. Dr. Stratton saw this patient twenty minutes after the accident, and instantly made a strong solution of home-made brownish soap, of which he made the patient swallow at intervals, three or four pints. Afterwards, olive oil was given, and the patient recovered. The other case was not seen by any medical man; but it also terminated favorably. Dr. Stratton suggests either soap, or carbonate of soda or of potash, as antidotes of chloride of zinc, and supports his

suggestion by the recital of experiments which he has performed.—*London Jour. of Med.*

On the Presence of Uric Acid in the Kidneys, as a Sign of a Child having been born alive. By Dr. Virchow.—Dr. Virchow, in the Transactions of the Berlin Obstetrical Society, has proposed a sign, to ascertain whether a child has been born alive; or, rather, whether it lived more than two days. The test is to be found in the absence or presence of uric acid in the kidneys.

Dr. Virchow wishes to show that the presence of uric acid in the kidney (at once to be detected by the naked eye), is a conclusive proof that the child found dead has been born alive. The ancient anatomists remarked a red or yellowish substance coating the mammilla of the kidneys of infants, and which modern science has found to be uric acid, and analogous to the calculi sometimes found in the bladders of children. Schlosseberger treats of it under the name of "Infractum acidi urici;" and it is easily discovered by making a transverse section of the kidney, when a considerable number of yellowish-brown, and sometimes light yellow, rays of this substance, are seen ramifying from the tubular, and sometimes from the cortical substance to the mammilla. Under the microscope, we make out sometimes solid cylindrical particles, of a yellowish-brown color, though more frequently these cylinders seem to be not yet formed, or to be broken up into molecules of a darker color, round or angular, and not unlike the crystals of urate of ammonia. A greater quantity is obtained by pressure. The conclusions of Dr. Virchow are:

1. That the deposit is never found in children who have been born dead, or who have died within forty-eight hours after birth.

2. That the deposit is not found, or does not occur, until about forty-eight hours after birth.

3. That the deposit is not generally found later than the twentieth day after birth.

There are, however, exceptions to these rules; for the deposit was, in one case, found on the twenty-ninth day after birth; and Dr. Virchow had not found it in an infant

dead on the tenth day; nor in another on the thirteenth; nor in a third on the sixth day; these, however, may be the consequence of disease. The subject is now left in the hands of British observers, who, I trust, will soon determine the value of Dr. Virchow's views.—[Abridged from Dr. Bushman, in Medical Times for January 20, 1849.]—*Ib.*

Treatment of Rigidity of the Os Uteri. By Dr. Scanzoni.—Dr. Scanzoni, who has carefully examined the conditions of the os and cervix, in the latter months of pregnancy, believes that the constriction, which sometimes declares itself in the first stage of labor, is due to rigidity of the upper orifice of the uterine neck, and not the lower, which is generally sufficiently dilatable. Instead of the treatment usually recommended, viz: bleeding, antimony, belladonna, frictions, &c., he advises a continuous douche of warm water upon the os and cervix, directed by means of an appropriate instrument.—*Union Medicale.*

[On the subject of the *artificial dilatation of the os uteri*, Dr. Lawrence of Montrose, observes:]

I would advert to two points of practice, of which my experience is decidedly in favor, although I cannot offer any statistics regarding them. The first is gentle dilatation of the os uteri with the finger, when the pains are at all inefficient. That uterine action is often rendered much more brisk and effective in this manner, I entertain not the smallest doubt; while, on the other hand, I have never experienced anything unfavorable to result from it.—Query—Does the oxytoxic effect depend upon a reflex action being excited by the pressure of the finger, or upon the os uteri being placed in a more favorable position for being acted on by the longitudinal fibres of the body of the organ, when the os is pushed a little forward—just as the eye, when it has been deeply inverted by the internal rectus cannot be advantageously acted on by the external rectus, until it is brought forward by the inferior oblique?

The second point of practice referred to, is the method adopted to secure timely expulsion of the placenta. Be-

sides directing pressure to be made over the uterus after the birth of the child, I invariably lay hold of the cord, and, without pulling, *retain it in a state of tension.* This seems to have the effect of exciting the uterus to speedy contraction; and to this practice I attribute the fact of the placenta being expelled in all my cases within ten or fifteen minutes, in the majority within five minutes after the birth of the child. While it cannot explain the fact of my fortunately having met with no cases of retained placenta from adhesion, I think I am warranted to ascribe to this method of procedure the fact of my having met with no cases of placental retention from inertia, or irregular contraction of the uterus.

I may also state what may seem almost too petty to mention, that I never use tape for tying the funis before the separation of the child, but always strong sewing thread. I was led to this from having got some serious frights at the outset of practice by the slipping of the tape, and the alarming, and to the child almost fatal hemorrhage which ensued. I have known the same casualty to occur in the practice of others, from the same cause. —*Monthly Journal.*

On the Signs of Diseased Heart afforded to the Hand laid over the Precordia. By Prof. Jaksch.—The purring tremor (*frémissement cataire*) perceived in certain affections of the heart, is felt most distinctly when the flat hand is laid over the part of the precordium corresponding to the point of the heart's impulse. When this peculiar tremor is dependent upon narrowing of the left auriculo-ventricular opening, it is perceived at the period corresponding to the diastole of the heart. Dr. Jaksch, however, states that he has observed it in cases of insufficiency of the aortic valves. For determining to which of these morbid conditions the tremor during the diastole is in any case due, he points out the following diagnostic signs: If it occurs when the impulse is feeble, the heart broad (as indicated by increased lateral dullness on percussion), and the second sound increased, it is dependant on narrowing of the left auriculo-ventricular opening; if, on the other hand, it coincides with an increased impulse,

an hypertrophied left ventricle (as indicated by a tremulous impulse and increased dullness, in the longitudinal direction, on percussion,) and with absence of the second sound of the heart, it may be considered as most probably dependent upon imperfection of the aortic valves. In cases in which a contracted left auriculo-ventricular opening coincides with imperfect aortic valves, a purring tremor accompanying the diastole of the heart is sometimes observed coincidently with an increased impulse. The diagnosis of such cases is rendered sufficiently easy by the increased second sound audible in the pulmonary artery, the enlargement of the heart in its longitudinal and transverse direction, and the absence of the second sound from the aorta and the carotid arteries.

It is not uncommon, especially after pericarditis, that peculiar tremors or vibrations are produced within the pericardium, and may give to the hand laid over the region of the heart a sensation of grating, scraping, creaking, or even buzzing. The existence of previous pericarditis, the absence of change of form of the heart, the want of rythm, and the variableness of the morbid sound preclude much risk of error in the diagnosis.

By means of the hand laid over the precordium, Prof. Jaksch has perceived vibrations synchronous with the systole of the heart.

1. In cases of narrowing of the aorta from rigid semilunar valves.

2. In cases of dilatation, thinning, and relaxation of the portion of the aorta, immediately above the semilunar valve.

3. In aneurismal dilatation of the ascending aorta, accompanied by roughness of the internal surface of the vessel.

4. In some cases of true aneurism of the ascending aorta, with roughness of the orifice or internal surface of the same.

5. In a case in which numerous tendinous bands are stretched across the left ventricle near the orifice of the aorta.

6. In a case of perforation of the inner division of the bicuspid valve.

7. Inefficiency of the bicuspid valve, in consequence of rupture of some of the tendinous cords.

8. In narrowing of the ascending aorta.

The sounds dependent upon disease of the aorta are perceived most distinctly when the hand is placed in the middle of the sternum, and is thence carried upwards and to the right, in the direction of the aorta.—*Medical Gazette.*

Treatment of Dropsy after Scarlet Fever. By Dr. S. Alison.—For those cases of general dropsy in which the powers of life are considerable, in which the circulation is excited, and the kidneys are obviously congested, the perspiration of the skin is to be early secured, the bowels are to be purged, and blood is to be taken from the loins by cupping. The value of free evacuations from the alimentary canal was illustrated in a case in which severe vomiting and purging occurred, and in which, though the quantity of urine did not increase, the anasarca visibly declined.

When the disease of the kidney remains obstinate, and the strength will permit, a seton in the loins will form a most useful drain. Permanent fomentation of the loins with hot water will prove highly useful.

The examples of the disease which are associated with defective general power, whether from original defect of constitution, or the exhaustion of the eruptive disease, demand supporting measures. While the secretions are encouraged it will be necessary to give wine, vegetable tonics, and iron. Of the latter, the potassio-tartrate and the iodide are the best preparations. The employment of diuretics requires caution; the more stimulating of these being calculated, in active congestion of the kidney, to do much harm. When the renal affection has somewhat subsided, the author has found advantage from the use of spirits of nitre, iodide of potassium, and the alkaline diuretics.—*London Jour. of Medicine.*

On the Employment of Cupping-Glasses to the Spine, in Intermittent Fever.—M. Gondret submits the following method, which he states has never, in his hands, failed to

cure intermittent fever: Apply eight or ten middle-sized cupping-glasses on each side the spinal column, from the neck downwards, and let them remain on for about thirty or forty minutes, without scarification, or, in other words, dry cupping. The time for applying the cups is the beginning of the cold stage, or, if it is possible, a short time before its accession, say a quarter of an hour; and this not only prevents the attack, but, at the same time, the hot fit and the sweating. In most cases, one application of the cups is sufficient to cure entirely an intermittent fever —however, in cases of long standing, it only modifies the time of the attack, and requires, for a complete cure, to be repeated three or four times.

In my own private practice, for these last twenty-seven years, I have never once met with a case of intermittent fever which has not given way to this simple treatment. The vacuum produced along the vertebral column, operates, I think, as a salutary derivative, which is easily understood, by considering the different anastomoses which exist between the vertebral arteries and those of the cerebral, such as the vertebral arteries, the circle of Willis, the bronchial, the cardiac, the esophagian, &c. I cannot affirm that this mode of treatment would succeed in your climate: at all events, the experiment can easily be made.

As to the seat of the disease, it is impossible to affirm, with absolute certainty. However, from my own observation, I am inclined to think that it is sometimes located in one organ, sometimes in another, and the treatment is based on that belief; thus, when there are headache, giddiness, heat, and heaviness of the head, I apply cups to the back of the neck, and sometimes take away one ounce or an ounce and a half of blood, which immediately relieves; if there is cough, difficulty of breathing, palpitation, &c., I apply them between the shoulders; and draw two or three ounces of blood, and so on. By following this plan, I always find the symptoms disappear in a short time.—*Encyclograp. Medicale.*

Table of the Pulses in Diseases of the Heart.—

1. *Simple hypertrophy of the left ventricle:* Strong and prolonged.

2. *Hypertrophy with dilatation:* Strong, prolonged, and large.

The above pulses, when accelerated, become hard.—They may become weak and small, by any cause which enfeebles the heart's action.

3. *Hypertrophy with contraction:* Tense, but small.

4. *Dilatation, with hypertrophy:* The former predominating. Large and prolonged, but soft, often accelerated, "bounding."

5. *Dilatation, with attenuation:* Large and weak; small in the latter stages.

6. *Softening:* Small, weak, more or less irregular, unequal, and intermittent.

7. *Free regurgitation through the aortic valves:* Eminently "jerking," the arteries unfilled.

8. *Contraction of the aortic valves:* Strength little impaired, unless the contraction be considerable. Regularity generally unaffected.

9. *Great contraction of, or free regurgitation through the mitral valves:* Small, weak, irregular, intermittent, and unequal.

10. *Polypus formed before death: Endocarditis with polypus,* and pericarditis with effusion—all cause suddenly a small, weak, irregular, and intermittent pulse.—*Hope on Diseases of the Heart,* 4th edition.

Fracture of the Neck of the Femur within the Capsule—Bony Union.—Dr. Condit reports a case of fracture of the neck of the femur, in a man, aged 80. The accident happened in May, and the patient died in November following. The following are the post-mortem appearances:

The muscles and other structures around the cervix femoris were more pale than usual; the capsular ligament was entire, giving no appearance of laceration. The ligamentum teres was vascular; the acetabulum was normal in appearance. The neck of the femur was shortened, and the fracture was discovered to be wholly within it.—The head of the bone had been broken across transversely, exactly where it joins the neck. The ridge, characteristic of the seat of fracture, had been thrown out, and the reunion was firm for more than three-quarters of the

circumference of the bone. The limb having been drawn up by the contraction of the muscles, a considerable angle was formed by the head and neck at the point of juncture, but they were as firmly united by osseous formation as if they never were separated. On the upper side, where the fractured edges were not in apposition, union was not yet complete, but ossification was going on upon all the broken surface, and had the patient lived a few months, would doubtless have been perfected. Could the state of the injured part have been by any means ascertained, and had not the condition of the ankle forbidden it, the patient, I think, might safely have walked; there was sufficient firmness at the fracture for the limb to have contribute its share of support to the trunk. From a fear lest some accident should befal the specimen in handling it, I left it with a mechanic to have the head protected by a covering wire. He placed it for safe keeping in a desk in his room, belonging to another man, who, removing the desk in his absence, threw out the bone, supposing it to be of no value, and though diligent search was made, it was not recovered. I had the preparation in my possession for two or three years, and during that time it was shown to many members of the profession, who expressed but one opinion, that it was a case in which a complete fracture entirely within the capsule was reunited by ossification.—*American Journal of Medical Sciences.*

Microscopic Examination of the Contents of the Hepatic Ducts, with Conclusions founded thereon. By T. Wharton Jones, F. R. S.—In the contents of the larger hepatic ducts there are seen, on microscopical examination: 1st, the detached columnar epithelium cells of the ducts themselves; 2d, free oval nuclei, which appear to have been derived from cells of this kind; 3d, free round nuclei, apparantly derived from the proper hepatic cells; 4th, minute granules, free or in amorphous flakes, globules of oil, and fragments of cell walls. In addition to these, in the smaller ducts, are found cells resembling those of the parenchyma of the liver, except in being usually paler, on account of the contained granules and globules being few-

er and more minute. Having, by way of comparison, examined the contents of the pancreatic duct, and recognized in it, with its own columnar epithelium, the free nuclei and granular amorphous matter resulting from the disintegration of the secreting cells developed within vesicles of that gland, the author considers that, from the analogy of the products of the secreting action in the two cases, an argument may be fairly drawn in favor of the analogy in essential nature between the cells of the hepatic parenchyma and the endogenous cells of the pancreas and other glands of ordinary construction. This deduction helps to confirm the view of the structure of the liver propounded by Dr. Leidy.—*Phil. Trans.*, 1848.

Compound Fractures, Amputations, &c.—In the New York Journal of Medicine for November, we find an interesting paper, with statistics, by Dr. John O. Stone, of the city of New York, on amputations and compound fractures. The suppression of the Astor Place riot, by the military, presented an interesting field of observation to Dr. Stone, and he has improved it. The statistics used by him are necessarily imperfect, but tend to urge the surgeon to greater efforts at saving limbs, than are usually made. The knife is often resorted to very unnecessarily, and we hail, with satisfaction, all efforts that have a tendency to teach caution in its use.

From a portion of his statistics, Dr. Stone draws the following conclusions:

1st. That primary amputations of the upper extremities are equally successful and to be preferred both in military and civil surgery.

2d. That, in military surgery, primary amputations of the lower extremities are twice as successful as secondary.

3d. That in civil surgery, (i. e. in the American hospitals,) it is immaterial whether primary or secondary amputations of the lower extremities are resorted to.

4th. That secondary amputations of the upper extrem-

ities in civil surgery, are eight per cent. less fatal than in military surgery.

5th. That secondary amputations in civil surgery, are twelve per. cent. less fatal than in military surgery.

In the above conclusions, all that is said of civil surgery embraces only the hospitals of Boston, New York and Philadelphia. But by adding together all the information we have been able to obtain with regard to amputation of the lower extremities in civil hospitals, and comparing it with the result obtained in military hospitals, we have

	Primary.	*Secondary.*
American Hospitals,	45 cases, 17 deaths.	44 cases, 3 deaths.
North Liverpool Hosp.	23 " 20 "	9 " 4 "
University Coll. Hosp.	5 " 2 "	42 " 5 "
	73 " 39 "	95 " 12 "

A mortality in primary amputations of lower extremities in civil practice of 53½ per cent., and of 12⅔ per cent. in secondary amputations. This gives us 32 per cent. in favor of primary amputations in military service compared with civil practice, and 36 per cent. in favor of secondary amputations of lower extremities in civil surgery. We also find, that there is a difference of 41 per cent. in favor of secondary amputations in civil surgery over primary, and a difference of 9 per cent. in favor of secondary amputations of civil practice, compared with the primary amputations of military surgery.

We may therefore conclude, *that, in military practice, primary amputations are to be preferred; that, in civil practice, secondary amputations are to be preferred; and that the secondary amputations of civil surgery are more successful than the primary of military surgery.*

This result is important, and if true, is subversive of the commonly entertained notions upon the subject of amputations, and must lead to a change of practice.

After paying some well-merited compliments to M. Bauden, "Surgeon of Val de Grace, and formerly with the army in Algiers," Dr. Stone quotes the following rules of practice in compound fractures, and particular injuries of the joints, from M. Bauden:

1st. Make no débridement, (freeing of parts by incisions.)

2d. Endeavor to make a complicated wound simple, by removing splinters of bone.

3d. Apply cold water and even ice.

4th. Endeavor to keep the inflammation strictly local, and thus prevent its extending to the viscera.

5th. When the upper extremity is comminuted, *remove the splinters, and make such incisions of osseous matter as may seem advantageous, and reserve secondary amputation as a last resource.*

6th. When the femur is shattered and splintered, amputate at once. When tibia or fibula, remove the splinters and give the limb a chance. When both bones are fractured, as a general rule, amputate immediately.

By an adherence to these judicious rules, especially the third one, M. Bauden says he has "saved two cases out of three, where the knee joint was opened. Of fourteen primary operations, three died. Out of six secondary, six died. *Twenty-five soldiers, who were shot in the limbs, and from whom he immediately removed all the splinters, all recovered.*"

Dr. Stone produces abundant proof to show that bones injured by gunshot wounds require large openings for the exit of pus. The philosophic Hennan is quoted for the observation that wounds of the knee joint, *with large openings*, are more easily and successfully managed than small wounds. Dr. Gibb furnishes statistics in proof of this fact. These cases occurred in Paris during the insurrection of June, 1848. There were twelve cases of compound fracture of the thigh, and six of them died, a result more successful than is obtained by amputations in such cases. The most gratifying point in Dr. Gibb's reports is the successful treatment of wounds of the knee joint. Five of the cases reported by him were wounds of the knee joint—"the most dangerous kind of wound"—of these three recovered without anchylosis, or bad symptom; one recovered, with anchylosis.

These are certainly gratifying results, so far as a com-

parison is made between this mode of treatment, and the results of amputation. In connection with these results, Dr. Stone speaks highly of the rules of practice in such cases, which govern Dr. William J. Walker, of Boston. These rules were presented by Dr. Walker, in his annual address before the Massachusetts Medical Society, in 1845. These rules are, says Dr. Stone, "proved to be correct, by cases from his own practice, and by an array of cases by such men as Martiniere, Cannac, Boucher, etc., *until their very number imposes upon us*, and we are forced to admit the simple but certain points of practice which he inculcates." We can find space for but two of these rules, and we do so to show the extent of error that prevails, and to make some comment upon the whole of this surgery. The two first rules laid down by Dr. Walker are :

1st. That all membranous or tendinous structures that obstruct the removal of foreign bodies, or unduly confine or strangulate the soft parts, when swollen by inflammation, or which, by their presence, would be likely to prevent the free discharge of matter, should be freely divided.

2d. That such dependent orifices should be preserved or counter openings made, as will, when aided by position and dressings, secure the free discharge of matter which might otherwise stagnate within the wound.

It seems not to have entered into the conceptions of Drs. Walker and Stone, while contending for a higher and purer surgery than the amputating knife presents, that there was a height far above their own. For the kind of surgery that theypractice and inculcate, their rules are excellent, but there is a kind of surgical science that makes these rules an utter abomination. Instead of all this care about large openings, dividing membranous and tendinous structures, preserving dependent orifices, or making counter openings for the exit of matter, would it not manifest a higher degree of skill to prevent the for-

mation of matter, and thus render these barbarous measures for its discharge, unnecessary? The powers of the bandage are so obvious, so simple and successful in all these cases; they are so superlatively beyond all other means in their successful results, that we are at a loss to imagine how any other rules than those that belong to the proper application of the simple roller, can, by any possibility, find a lodgment in the mind of the surgeon. We have seen the most formidable injuries to joints, tendons, and muscles; comminuted, compound and simple fractures, invariably yield to the influence of the bandage, and many of them must have had, judging from observation of other methods, a serious termination under any other treatment. Under the influence of the roller, we have seen formidable gunshot wounds assume the aspect of ordinary incisions, and heal kindly in a space of time usually required for the sloughing process to complete itself. The formidable sloughing, immoderate flow of pus, fistulous formations, long continued illness and confinement are all absent under this treatment. Upwards of twenty years ago, we saw a case of injury that would have required amputation, and which must have ended in death, but for the bandage. Professor Dudley has recorded this case, and we cheerfully bear testimony to the accuracy of his details, for we saw the child dragged from its perilous place, and was incredulous as to the possibility of her recovery. Prof. Dudley says:

A little girl, twelve years of age, playing in a horse-mill, was caught by the knee, between the principal wheel and the walls of the building, and was carried round to a point where the approximation was so close as to stop the machinery propelled by four horses. After remaining between five and ten minutes in this situation, by the aid of levers and wedges the limb was disengaged. On examination, a few minutes after, I found all the integument, cellular substance, and most of the fascia protecting the muscles and tendons in the ham, for eight inches up and

down the limb, were removed, and for about four inches around. The tendons of the biceps, semitendinosus and semimembranosus were exposed for at least four inches, and the head and upper portion of the gastrocnemius to a still greater distance; most of the bursæ being scraped off, thus leaving the tendons ragged and bare. The head of the fibula was completely denuded. A small portion of integument, rolled up like a cord, was left on the outer portion of this extensive wound. On the inner and front portion of the limb and a little above the knee, a spot of some magnitude, of a livid appearance, indicated the opposite seat of pressure and violence.

The bandage was immediately applied, from the toes to the hip, for the purpose of preventing all swelling and inflammation, and to keep the limb extended during the cure. When the dressing was applied the limb was nearly divested for the time of sensibility.

On the fifth day from the accident, the dressings were removed for the first time, when the integument that was killed all came away, leaving a suppurating surface without either inflammation or swelling. On the twelfth day, and third dressing, by the process of sloughing, the whole of the lacerated fascia came away and left the entire surface of the wound healthy and suppurating. The flexor tendons were so extensively exposed that fears were entertained that they might slough, especially that of the biceps, the whole of which was exposed. All fears on that head were speedily dissipated by the appearance of granulations on all the tendinous surface. But from causes not known a fever now supervened, which was only subdued after a patient and unremitting effort of fifteen days. During the continuance of the fever, the patient lost as much by ulceration as the sore had gained previously by the granulating process, so that at the expiration of the first four weeks, the wound was as large as at first, with a most obstinate disposition to contraction in the flexor muscles, created by some inflammation which had taken place. For it must be understood that from the loss of soft parts, the irregular conformation of the joint, and the impossibility of making complete equable, and efficient pressure upon all points, the disposition to inflammatory action could not be entirely controlled. Under the persevering use of the bandage for another

month, however, no medicated application being made to the wound, she was so far restored as to render farther attention on my part unnecessary. The occasional use of a splint, in aid of the bandage, was resorted to in order to counteract the flexor muscles of the limb.

Great apprehensions had been entertained for the preservation of the joint, because of the inflammation and the protracted nature of the case; but before the expiration of the third month, she was enabled to walk the streets with but partial stiffness in the joint, and that was temporary in character.

The frightful extent of the wound, the great loss of soft parts, and the contusion resulting from pressure that suspended for a number of minutes the motion of machinery drawn by four horses, furnished ample apology for the amputation of the limb; nor is it probable that it could have been preserved by any other treatment than that adopted in the case.

We regret that we have not space to continue this subject, for we have many interesting details to furnish in vindication of the claims of the bandage to a much more important place in surgical art than it generally obtains in surgical works. Of its great power over many affections for which it is rarely recommended, we shall present ample proof, and if the clinical reports of Dr. Gibb and Dr. Walker speak strongly in favor of the practice of M. Bauden and Dr. Walker, in comparison with the results of primary amputations, we shall be able to show that the surgical art which understands the bandage, and applies it with judgment, may boast a success and a series of results unattainable by any other means. These are matters of no ordinary interest, and cannot be too frequently enforced upon the attention of the profession. In realizing John Hunter's very correct idea of the difference between true surgical art, and operative surgery, the bandage will maintain a position that bids defiance to rivalry from any quarter. In our next number we shall endeavor to present the subject in its proper light.

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MEDICAL DEPARTMENT OF LOUISVILLE UNIVERSITY.

The present class of medical students in this city is one of the largest that has ever assembled in the West, and the Professors are laboring in their vocations in a most acceptable manner. The Hospital facilities are far beyond any that the students have ever enjoyed in this city, and the clinical teaching fully justifies all that we predicted it would be.—Good clinical instruction must be the foundation of all useful and successful teaching, and we know of no place in the country where a real student may more fully accomplish all he purposes of medical study than in this city. We owe it to frankness to say that we have not always entertained the highest opinion of medical teaching in this city, but it gives us much more gratification to speak in terms of commendation, than it ever gave us to complain.

The great improvement of which we speak is manifested strongly in the conduct of the class of students. As a general rule, we have never known a class of young men more thoroughly awake to the teachings of the lecturers, and instead of betting upon the monotonous prescriptions of the clinical teacher, and upon the number of hours the patient would live under the treatment, they now listen attentively to a style of clinical instruction that made Dupuytren renowned throughout the world.

B.

BOOKS RECEIVED.

We are indebted to the polite attention of Lea & Blanchard, of Philadelphia, for copies of the following books:

"The Three Kinds of Cod-Liver Oil; comparatively considered with reference to their chemical and therapeutic properties. By L. J. de Jongh, M. D., of the Hague. Translated from the German, with an appendix and cases, by Edward Carey, M. D."

"Surgical Anatomy. By Joseph Maclise, Surgeon, with colored plates."

We regret that these works did not reach us in time for a notice in our review department, but we cannot permit this number to go forth without urging upon the attention of students these valuable books. The treatise on cod-liver oil is of great value to the practitioner, and cannot fail to remunerate a close and diligent perusal.

The work of Maclise, on surgical anatomy, is of the highest value. In some respects it is the best publication of its kind we have seen, and is worthy of a place in the library of any medical man. It will be published in four parts, each one containing from twelve to sixteen colored plates. The whole work will make one large imperial quarto volume, with about one hundred and fifty double-columned pages, and from fifty to sixty magnificent plates, handsomely colored. The price of each part is two dollars, and a student could scarcely make a better investment than this.

These works are on sale at the bookstore of Beckwith & Morton.

B.

THE CLOSE OF THE VOLUME.

We have been compelled to omit a number of articles prepared for this number, on account of the space occupied by the index. We have made it very full and complete, in order to give every possible facility to the reader, in finding the matter contained in the volume.

This number closes the present volume, and we hope to keep up a pleasant intercourse with at least the same readers, in the forthcoming volume. They may rely upon the fact, that no exertions shall be spared in making the Western Journal of Medicine and Surgery all that it should be. It shall be our constant object to advance the interests of the profession in all its departments, and to keep our readers fully up to the progress of medical science in all parts of the civilized world.

ERRATA.

Our collaborateur, who furnished us the review of Professor Dudley's paper on Aneurism, desires the correction of some typographical errors in his article. A portion of these errors, if errors they can be called, were made by us, in altering the quotation from Ambrose Paré to modern French. As soon as we saw that quotation in the words of Paré we felt twinges of the headache, for it called up reminiscences of a venerable old volume of Paré's Surgery, contained in the medical library of the Transylvania University, and which we had supposed no one had ever taken a weary journey through, except ourself. Between its barbarous orthography and obsolete French, the reading was a task of no ordinary magnitude, and we did not wish to inflict upon our readers even homœopathic doses of what had caused us so much suffering in allopathic doses. We accordingly dressed up old Ambrose in modern habiliments; but as our correspondent prefers to make him clatter in clogs, he shall be indulged.

The following errors are to be corrected:

On page 403, second line from bottom, for "their," read *this*.

The second word in the quotation from Paré should be *ie* instead of "le," and *ieune* should be substituted for "jeune. In the fourth line of the quotation, for "possera," read *passera*, and for "une," read *vne*.—Fifth line, for "un," read *vn*. In the seventh line, after the word "traitée," read *comme vne simple playe*. In the same line, for "say," read *soy*.

And on page 406, last line, read *Theden*, for Freer. This last error is not serious, for Freer made similar investigations to those made by Theden. B.

DR. WELLS, THE AUTHOR OF THE "ESSAY ON DEW."

Prof. Bartlett recently delivered before the Medical Society in this city, a beautiful and eloquent lecture upon the character and merits of Dr. Wm. Charles Wells. The illustrious author of the "Essay on Dew," was an American, and is almost unknown to his countrymen. Kepler said Providence had to wait six thousand years for such a reader as himself, but Dr. Wells did not have to wait so long, and he found as good a reader of his merits, as Kepler was of "the starry dome."

We hope to present our readers with Dr. Bartlett's lecture in our next number.

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THE

WESTERN JOURNAL

OF

MEDICINE AND SURGERY.

EDITED BY

LUNSFORD P. YANDELL, M. D.,

PROFESSOR OF PHYSIOLOGY AND PATHOLOGICAL ANATOMY IN THE UNIVERSITY OF LOUISVILLE,

AND

THEODORE S. BELL, M. D.

CXV.—JULY, 1849.

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CXVI.—AUGUST, 1849.

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SESSION 1849—50.

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The Mechanical and Dissecting rooms will be opened on the last Monday of October.

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CHAPIN A. HARRIS, A.M., M.D., Prof. of the Principles and Practice of Dental Surgery.

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Philadelphia, March 1849—1y

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R. M. HUSTON, M. D.,
Philadelphia, July 1849.—4m Dean of the Faculty, No. 1 Girard Street.

THE

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MEDICINE AND SURGERY:

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AND

THEODORE S. BELL, M. D.

CXVIII.—OCTOBER, 1849.

THIRD SERIES.

VOL. IV.....No. IV.

LOUISVILLE, KY:

PUBLISHED MONTHLY BY PRENTICE AND WEISSINGER,

PROPRIETORS AND PRINTERS.

1849.

[POSTAGE 1½ CENTS.]

Receipts of Medical Journal for September, 1849.

Dr. W. A. Ferring, Columbus. Ky. - - - - - - - -	$5 00
Dr. Ross, Bolivar, Miss., - - - - - - - - -	5 00

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August 1, 1849—3m

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JOHN NEILL, M. D.,
Demonstrator of Anatomy in the University of Pennsylvania.
JOHN J. REESE, M. D.,
Lecturer on Materia Medica in the Philadelphia Medical Institute.

Philadelphia, March 1849—1y

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UNIVERSITY OF PENNSYLVANIA,

MEDICAL DEPARTMENT,

SESSION OF 1849-50.

The Lectures will commence on Monday, the 1st day of October, and be continued under the following arrangement, to the end of March ensuing.

Theory and Practice of Medicine, by.....NATHANIEL CHAPMAN, M. D.
Anatomy,.....WILLIAM E. HORNER, M. D.
Materia Medica and Pharmacy.....GEORGE B. WOOD, M. D.
Chemistry,.....JAMES B. ROGERS, M. D.
Surgery.....WILLIAM GIBSON, M. D.
Ob-tetrics and the Diseases of Women and Children,.....HUGH L. HODGE, M. D.
Institutes of Medicine,.....SAMUEL JACKSON, M. D.

Clinical Instruction, twice a week, at the Pennsylvania Hospital, by the PHYSICIANS AND SURGEONS of the Institution.

Demonstrative Instruction in Medicine and Surgery, twice a week, by the PROFESSORS OF THE MEDICAL FACULTY, assisted by W. W. GERHARD, M. D., and HENRY H. SMITH, M. D.

The rooms for Practical Anatomy will be open from October 1st to the end of March ensuing. JOHN NEILL, M. D., Demonstrator.

Amount of Fees for Lectures in the University,.....$105
Matriculating Fee (paid once only),.....5
Hospital Fee,.....10
Practical Anatomy,.....10
Graduating Fee,.....30

The commencement will take place early in the following April.

W. E. HORNER, M. D.,
Dean of the Medical Faculty.

386 Chestnut Street, above Thirteenth, opposite the U. S. Mint, Philadelphia.
July 1st, 1849.—6m.

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PRENTICE & WEISSINGER, *Publishers.*

November 1st, 1849.

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J. C. Kirkpatrick, Stewartsboro', Tenn	10 00
F. H. Gordon, Lebanon, Tenn	10 00
J. D. Mitchell, Darwin, Ill	10 00
W. B. Holmes, Granville, Tenn	5 00
W. R. Dulany, Blountville, Tenn	5 00
W. Long, New Maysville, Ind	5 00
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H. B. Rice, Searcy, Ark	5 00
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B. H. Bowman; Providence, La	5 00
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E. Thorn, Yellow Spring, Ohio,	5 00
B. F. Richardson, New Gascony, Ark	10 00
T. B. Greenly, West Point, Ky	10 00

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	F. Chilton, Genoa, Ky	5 00
	J. C. Harris, Wetumpka, Ala	10 00
	J. M. Stucky, Gosport, Ind	5 00
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	A. Clapp, New Albany, Ind	5 00
	—— Burrus, Memphis, Tenn	5 00

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